FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088639 3 COMMITTEE NAME **OFFICE USE ONLY** TCE VoteClean.org Date Received **ELECTRONICALLY FILED** 10/14/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 42278 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78704 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jose Rodrigo NAME NICKNAME LAST **SUFFIX** Leal STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4812 Eastdale Drive STREET **ADDRESS** (Residence or Business) Austin, TX 78723 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4812 Eastdale Drive MAILING **ADDRESS** Austin, TX 78723 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 660-9499 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
TCE VoteClean.org			00088639	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Jim Klein Corpus Christi C	ity Council, A	xt-Large
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	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)	\$	200,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	54,289.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	200,000.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mr. Jose R	odrigo Leal	
		Signature of Car	npaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Cignotius of allians	Aminiotoring cath	Dripted name of officer odministrative cash	Title of offi	oor administoring and
Signature of officer ac	ammistering oath	Printed name of officer administering oath	TILLE OF OFFICE	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 151

ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mrs. Sylvia Campos Corpus Chr	00088639
ACTIVITY (Attach lists on plain paper to complete this	(Identify by name or, if		Mrs. Sylvia Campos Corpus Chr	isti City Council District 2
paper to complete this				isti oley oddiloli, Bistilot 2
		B. Opposed		
	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.)			
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Isabel Araiza Corpus Christi	Mayor
(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.)			
4.070 (17) (Candidates (Identify by name or, if applicable, classify by party.)		Ms. Jennifer Gracia Corpus Chri	sti City Council At-Large
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 4 of 151
				13 Filer ID	(Ethics Commission Filers)
				00088639	9
1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Rachel Ca	aballero Corpus C	Christi City Co	uncil At-Large
	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.)					
1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Eli McKay	Corpus Christi C	ity Council Dis	strict 1
	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.)					
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted 3. Officeholders Assisted	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Mr. Eli McKay B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Discribe the date and location of election and nature of issue.) B. Opposed A. Supported Mr. Eli McKay Corpus Christi City Council Discribethy by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Discribethy date and location of election and nature of issue.) B. Opposed A. Supported Discribethy date and location of election and nature of issue.)

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				5 of 151
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)
тс	E Vote	Clean.org	00088639	
19 SC	HEDULI	E SUBTOTALS		
l		SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		 \$
				Ť
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		.
] "	Ш	SCHEDGE B. 1 LEDGED CONTRIBUTIONS		\$
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	·R	
4.	X	ORGANIZATION		\$ 200,000.00
		COLIEDURE CO. MONEMANY (IN MIND) CONTRIBUTIONS EDOM CORDODA	TION OD	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
				<u> </u>
7	\Box	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		
7.	Ш	ORGANIZATION		\$
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$
9.	П	SCHEDULE E: LOANS		 \$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 44,922.34
				11,022.01
11		COLIED HE F2. LINDAID INCLIEDED ODLICATIONS		
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 9,367.33
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
	Ш			Ψ
15		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	
15.	Ш	TO FILER		\$
1				
1				

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruc	cti	on Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 6/151
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	TCE VoteCle	ean	n.org		00088639
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)
	09/01/2024		Local jobs and Economic Development		\$200,000.00
		6	Corporation / Labor Organization address; City; State; Zip Code	1	
			Dover, DE 19901		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide 6	explains how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 1/70 Rpt: 7/151	TCE VoteClean.org			00088639	
4 Date	5 Payee name				
08/29/2024	Alvardo				
6 Amount (\$)	7 Payee address; City;	State; Zip Code	е		
\$2,164.80	910 Ohio Ave, Apt 2				
E constitue de finance					
Expenditure from corporate funds	Corpus Christi, TX 78404				
8 PURPOSE OF	(a) Category (See Categories listed at the top	′ 1	Description	: T-was Com	The Controlled T
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsi		
			—		ign of Klein and
					ate's knowledge or
9 Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office he	eld
expenditure to benefit C/O	^H Klein, Jim	· ·	CHRISTI CITY	CORPL	JS CHRISTI CITY
Date	Payee name				
Date	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Amount (φ)	Payee audiess, City,	State, Lip Cour	=		
Expenditure from					
corporate funds					
PURPOSE OF	(a) Category (See Categories listed at the top	o of this schedule)	Description	·· (= 0	
EXPENDITURE			Check if travel outsi		
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Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office he	eld
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Date	Payee name				
09/12/2024	Alvardo				
		State; Zip Code			
Amount (\$) \$270.60	Payee address; City; 910 Ohio Ave, Apt 2	State, Zip Cour	=		
Ψ210.00	910 Offio Ave, Apt 2				
Expenditure from corporate funds	Corpus Christi, TX 78404				
PURPOSE	(a) Category (See Categories listed at the top	o of this schedule)	Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsi		
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			Salary to suppor candidates know		
One of the ONII Wife diment	C didetal (Office holder no mo	Cities accord			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	nt CHRISTI CITY	Office he	
<u> </u>	□ Klein, Jim	CURPUS	CHRISTICIT	CORPC	JS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 2/70 Rpt: 8/151	TCE VoteClean.org 00088639	
4 Date	5 Payee name	_
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY	
Date	Payee name	_
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	Araiza, Isabel CORPUS CHRISTI MAYOR	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	_
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held CORPUS CHRISTI CITY	
	Gradia, scrimer Gora Go Grinion City	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards Legal Servi	dge Expense :/Memorials Expe ces :uction Guide			pense /ages/C	ontract Labor e this form.		Travel Out of E OTHER (enter	District	ory not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME	Ē						3	Filer ID	(Eth	hics Commissi	on Filers)
	Sch: 3/70 Rpt: 9/151		TCE VoteC	lean.org							00088639			
4	Date	5	Payee name (see previou	us)										
6	Amount (\$)	7	Payee addre	ss; C	ity;	State;	Zip Co	de						
	Expenditure from corporate funds													
8	PURPOSE OF EXPENDITURE	(a)	Category (Se	ee Categorie	es listed at the to	p of this sche	dule)	(b) [≓		de of Texas. Co officeholder livir			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi Caballero, Ra		name		ffice sou		RISTI CITY		Office h	neld		
	Date		Payee name											
	09/26/2024	$ldsymbol{ld}}}}}}$	Alvardo											
	Amount (\$) \$270.60		Payee addres		ity; <u>2</u>	State;	Zip Co	de						
	Expenditure from corporate funds		Corpus Chr	isti, TX 7	78404		_							
	PURPOSE OF EXPENDITURE	(a)	Category (Se Salaries/Wa				dule)	[[S	<u>-</u>	n, TX, Opor		ng exper	nse s without the	e
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi (lein, Jim	ceholder	name		ffice sou	•	RISTI CITY		Office h		CHRISTI CI	TY
	Date		Payee name (see previou	us)										
	Amount (\$)		Payee addres	ss; C	ity;	State;	Zip Co	de						
	Expenditure from corporate funds													
	PURPOSE OF EXPENDITURE	(a)	Category (Se	ee Categorie	es listed at the to	p of this sche	dule)	(b) [≓		de of Texas. Co officeholder livir			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi		name		ffice sou				Office h			
	experiulture to benefit C/Of	' (Campos, Syl	via		C	ORPUS	CHF	RISTI CITY		CORP	US C	CHRISTI CI	TY
Eor	me provided by Teyas E	thic	c Commicci	on	140404	othice et	toto tv II	_				1/0	roion V/4 1 (10da51f7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 4/70 Rpt: 10/151	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	l 🗕	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Araiza, Isabel CORPUS CHRISTI MAYO	Office held R
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
L	corporate funds		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought CORPUS CHRISTI CITY	Office held
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from	Payee address; City; State; Zip Code	
L	corporate funds		
	PURPOSE OF EXPENDITURE	l <u> </u>	outside of Texas. Complete Schedule T. . TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought CORPUS CHRISTI CITY	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains		mplete this form.	OTTLK (enter a	category not listed above)
1	Total pages Schedule F1:			•	3 Filer ID	(Ethics Commission Filers)
	Sch: 5/70 Rpt: 11/151	TCE VoteClean.org			00088639	,
4	Date	5 Payee name			<u> </u>	
		(see previous)				
6	Amount (\$)	7 Payee address; City; State	e; Zip Co	de		
	,		•			
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of this so		(b) Description		
•	OF	(a) Category (See Categories listed at the top of this so	cnedule)		outside of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin	, TX, officeholder living	g expense
9	Complete ONLY if direct expenditure to benefit C/OH	1	Office sou		Office he	eld
	experientare to benefit 6/61	¹ Magnusson, Erick	CORPUS	CHRISTI CITY		
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State	e; Zip Co	de		
_	T Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description		
	OF EXPENDITURE		,	=	outside of Texas. Com	
				Check if Austin	, TX, officeholder living	g expense
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	expenditure to benefit C/O	1		CHRISTI CITY	Office In	old .
	Dete	,				
	Date 09/12/2024	Payee name Benavides				
			- 7:- 0-	-1-		
	Amount (\$)	Payee address; City; State 7422 San Remo Ct	e; Zip Co	ae		
	\$23.92	7422 San Remo Ct				
Г	Expenditure from	Course Christi TV 70444				
_	corporate funds	Corpus Christi, TX 78414				
	PURPOSE OF	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description	autoida of Tayas, Com	unloto Sahadulo T
	EXPENDITURE	Salaries/Wages/Contract Labor		<u> </u>	outside of Texas. Com , TX, officeholder living	
						aigns without the
				candidates ki	nowledge or co	nsent
	Complete ONLY if direct		Office sou	ght	Office he	eld
	expenditure to benefit C/OI	¹ Klein, Jim	CORPUS	CHRISTI CITY	CORPL	JS CHRISTI CITY

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment		The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2	FILER NAME
Sch: 6/70 Rpt: 12/151		TCE VoteClean.org

1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 6/70 Rpt: 12/151	TCE VoteClean.org			00088639	
4	Date	5 Payee name		I		
		(see previous)				
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٠	Amount (ϕ)	1 ayee address, Oity, State,	Zip Couc			
Г	Expenditure from					
_	corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	_{ile)} (b)	Description		
	EXPENDITURE			브	side of Texas. Com _l K, officeholder living	
				L Check if Additin, 17	v, officeriolaer living	спрепас
9	Complete ONLY if direct	Candidate/Officeholder name Off	ice sought		Office he	ıld
Ĭ	expenditure to benefit C/O	1		HRISTI CITY		IS CHRISTI CITY
	Data					
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State;	Zip Code			
_	T Expenditure from					
1	corporate funds					
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	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	ule) (b)	Description		
_	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	ule) (b)	Check if travel outs	side of Texas. Com	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	ule) (b)	Check if travel outs	side of Texas. Com K, officeholder living	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	ule) (b)	Check if travel outs		
	PURPOSE OF EXPENDITURE			Check if travel outs	K, officeholder living	expense
	PURPOSE OF	Candidate/Officeholder name Off	ice sought	Check if travel outs		expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Off Araiza, Isabel CO	ice sought	Check if travel outs	K, officeholder living	expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Off Araiza, Isabel CC Payee name	ice sought	Check if travel outs	K, officeholder living	expense
_	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Off Araiza, Isabel CO	ice sought	Check if travel outs	K, officeholder living	expense
_	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Off Araiza, Isabel CC Payee name (see previous)	ice sought	Check if travel outs	K, officeholder living	expense
_	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Off Araiza, Isabel CC Payee name (see previous)	ice sought	Check if travel outs	K, officeholder living	expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$)	Candidate/Officeholder name Off Araiza, Isabel CC Payee name (see previous)	ice sought	Check if travel outs	K, officeholder living	expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Off Araiza, Isabel CC Payee name (see previous)	ice sought	Check if travel outs	K, officeholder living	expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date Amount (\$)	Candidate/Officeholder name Araiza, Isabel Payee name (see previous) Payee address; City; State;	ice sought DRPUS CI Zip Code	Check if travel outs	K, officeholder living	expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) Expenditure from corporate funds PURPOSE OF	Candidate/Officeholder name Araiza, Isabel CC Payee name (see previous) Payee address; City; State;	ice sought DRPUS CI Zip Code	Check if travel outs Check if Austin, TX HRISTI MAYOR Description	K, officeholder living	expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) Expenditure from corporate funds PURPOSE	Candidate/Officeholder name Araiza, Isabel Payee name (see previous) Payee address; City; State;	ice sought DRPUS CI Zip Code	Check if travel outs Check if Austin, TX HRISTI MAYOR Description Check if travel outs	K, officeholder living Office he	expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) Expenditure from corporate funds PURPOSE OF	Candidate/Officeholder name Araiza, Isabel Payee name (see previous) Payee address; City; State;	ice sought DRPUS CI Zip Code	Check if travel outs Check if Austin, TX HRISTI MAYOR Description Check if travel outs	Office he	expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE	Candidate/Officeholder name Araiza, Isabel CC Payee name (see previous) Payee address; City; State; (a) Category (See Categories listed at the top of this schedule)	ice sought DRPUS CI Zip Code	Check if travel outs Check if Austin, TX HRISTI MAYOR Description Check if travel outs	Office he Office he	expense eld plete Schedule T. expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Araiza, Isabel CC Payee name (see previous) Payee address; City; State; (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder name Off	ice sought PRPUS CI Zip Code (b)	Check if travel outs Check if Austin, TX HRISTI MAYOR Description Check if travel outs Check if Austin, TX	Office he	expense eld plete Schedule T. expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE	Candidate/Officeholder name Araiza, Isabel CC Payee name (see previous) Payee address; City; State; (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder name Off	ice sought PRPUS CI Zip Code (b)	Check if travel outs Check if Austin, TX HRISTI MAYOR Description Check if travel outs	Office he Office he	expense eld plete Schedule T. expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Araiza, Isabel CC Payee name (see previous) Payee address; City; State; (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder name Off	ice sought PRPUS CI Zip Code (b)	Check if travel outs Check if Austin, TX HRISTI MAYOR Description Check if travel outs Check if Austin, TX	Office he Office he	expense eld plete Schedule T. expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains	s how to com	plete this form.	(1)	,g.,
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 7/70 Rpt: 13/151	TCE VoteClean.org			00088639	
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City; State	e; Zip Code	e		
	.,		·			
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of this so	hadula) (I	Description		
	OF EXPENDITURE	(See Categories listed at the top of this so	illedule)		outside of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin,	TX, officeholder living	expense
_	Operation ONLY if allowed	O and idea of Office Includes a second	06:	-1	O#: I	.1.1
9	Complete ONLY if direct expenditure to benefit C/OI	1	Office sough	nt CHRISTI CITY	Office he	ela
			CORFOS			
	Date	Payee name				
	09/26/2024	Benavides				
	Amount (\$)	,	e; Zip Code	е		
	\$119.60	7422 San Remo Ct				
г	T Expenditure from					
L	corporate funds	Corpus Christi, TX 78414				
	PURPOSE OF	(a) Category (See Categories listed at the top of this so	hedule) (I	Description	(= 0	
	EXPENDITURE	Salaries/Wages/Contract Labor		ш	outside of Texas. Com TX, officeholder living	
						igns without the
				candidates kr	nowledge or co	nsent
	Complete ONLY if direct		Office sough	nt	Office he	eld
	expenditure to benefit C/OI	H Klein, Jim	CORPUS	CHRISTI CITY	CORPL	JS CHRISTI CITY
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State	e; Zip Code	е		
	- Consorditure from					
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (i	b) Description		
	OF EXPENDITURE			<u> </u>	outside of Texas. Com	
				Check if Austin,	TX, officeholder living	expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office he	eld
	expenditure to benefit C/O	1	-	 CHRISTI CITY		JS CHRISTI CITY
		1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/70 Rpt: 14/151	TCE VoteClean.org	00088639
4	Date	5 Payee name	•
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	T Expenditure from		
L	corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if days dustide of rexast complete scriedale 1.
			_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	t Office held CHRISTI MAYOR
		·	CHRISTI WATOR
	Date	Payee name	
	A me συνπέ (Φ)	(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	•
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
	OF EXPENDITURE	(See Categories listed at the top of this scriedule)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		CHRISTI CITY
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	
	Superiord to benefit 0/01	Caballero, Rachel CORPUS C	CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explai	ins how to comple	te this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 9/70 Rpt: 15/151	TCE VoteClean.org			00088639	
4 Date	5 Payee name		•		
	(see previous)				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	s schedule) (b)	느	side of Texas. Comp	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Hokay, Eli	Office sought CORPUS CH	IRISTI CITY	Office he	·ld
Date	Payee name (see previous)				
Amount (\$) Expenditure from corporate funds	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	s schedule) (b)	-	side of Texas. Comp X, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Hagnusson, Erick	Office sought CORPUS CH	IRISTI CITY	Office he	ld
Date 08/29/2024	Payee name Burks				
Amount (\$) \$1,300.88	Payee address; City; Sta 7117 Wood Hollow Dr, Apt 728	ate; Zip Code			
Expenditure from corporate funds	Austin, TX 78731				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s schedule) (b)	Check if Austin, TX		expense igns without the
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name How Klein, Jim	Office sought CORPUS CH	IRISTI CITY	Office he CORPU	eld IS CHRISTI CITY

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide	explains how to com	plete this form.		
1	Total pages Schedule F1: Sch: 10/70 Rpt:	FILER NAME TCE VoteClean.org			3 Filer ID 00088639	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		I		
6	Amount (\$)	7 Payee address; City;	State; Zip Cod	е		
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		utside of Texas. Com TX, officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Campos, Sylvia	Office sough	ht CHRISTI CITY	Office he	eld JS CHRISTI CITY
	Date 09/12/2024	Payee name Burks				
	Amount (\$) \$1,798.54	Payee address; City; 7117 Wood Hollow Dr, Apt 728	State; Zip Cod	e		
	Expenditure from corporate funds	Austin, TX 78731				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Salaries/Wages/Contract Labor	,	Check if Austin, Salary to supp	utside of Texas. Com TX, officeholder living Dort the campa Owledge or co	g expense aigns without the
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name High Klein, Jim	Office sough	nt CHRISTI CITY	Office he	eld JS CHRISTI CITY
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Cod	e		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		utside of Texas. Com TX, officeholder living	•
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Campos, Sylvia	Office sough	ht CHRISTI CITY	Office he	eld JS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/70 Rpt:	TCE VoteClean.org 00088639
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
_		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		Araiza, Isabel CORPUS CHRISTI MAYOR
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
Г	Expenditure from corporate funds	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Para annua
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from	
	corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/Of	Caballero, Rachel CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		to complete this form.
1 Total manage Cabadyla F1.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 12/70 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name	
09/26/2024	Burks	
6 Amount (\$) \$1,926.30	7 Payee address; City; State; Zip 7117 Wood Hollow Dr, Apt 728	o Code
Expenditure from corporate funds	Austin, TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OR		sought Office held PUS CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	o Code
	(6) 0.	(h) p :::
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Office held PUS CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip) Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		sought Office held PUS CHRISTI MAYOR
Forms provided by Tayas F	thics Commission was athics state	ty us Version V/4.1.0.48da51f7

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awa Legal Se	rds/Memorials E ervices	xpense	Printing E Salaries/		e /Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
	Credit Card Payment			The In	struction Guid	de explains	how to co	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commi	ission Filers)
	Sch: 13/70 Rpt:		TCE VoteCl	ean.o	rg						00088639		
4	Date	5	Payee name										
			(see previou	ıs)									
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip Co	ode					
	- Companyity was finance												
	Expenditure from corporate funds												
8	PURPOSE	(a)	Category (Se	e Catego	ories listed at the	top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		0				,			outsi	ide of Texas. Com	plete Schedule T.	
	EXI ENDITORE								Check if Austin	ı, TX,	, officeholder living	j expense	
9	Complete ONLY if direct		Candidate/Offic	oobold	or name		Office sou	ıaht			Office he	ald.	
9	expenditure to benefit C/O		Gracia, Jenni		ei name			-	IRISTI CITY		Office file	eiu	
	Data												
	Date		Payee name	10)									
	۸ ، (۵)		(see previou	-	0''								
	Amount (\$)		Payee addres	SS;	City;	State	e; Zip Co	oae					
г	Expenditure from												
_	corporate funds												
	PURPOSE OF	(a)	Category (Se	e Catego	ories listed at the	top of this scl	hedule)	(b)	Description	otoi	ide of Toyon Com	nlete Cebedule T	
	EXPENDITURE								=		ide of Texas. Com , officeholder living		
									ш				
	Complete ONLY if direct		Candidate/Offic	cehold	er name		Office sou	ught			Office he	eld	
	expenditure to benefit C/O	١ (Caballero, Ra	achel			CORPU	S CH	IRISTI CITY				
	Date		Payee name										
			(see previou	ıs)									
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	ode					
	- "												
	Expenditure from corporate funds												
	PURPOSE	(a)	Category (Se	e Catego	ories listed at the	top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE						,		Check if travel		ide of Texas. Com	•	
	LAI LINDITORE								Check if Austin	ı, TX,	, officeholder living	j expense	
	Complete ONLY if direct	<u>_</u>	Candidate/Offic	cohold	or name		Office sou	labt			Office he	old.	
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Ollid McKay, Eli	cenoid	ei iiaiile				IRISTI CITY		Office ne	ziu -	
			, LII										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide ex	plains how to co	mplete this form.				
1	Total pages Schedule F1:	2 FILER NAME			3 F	iler ID	(Ethics Commission Filers)	_
	Sch: 14/70 Rpt:	TCE VoteClean.org			C	00088639		
4	Date	5 Payee name						
		(see previous)						
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode				
Г	Expenditure from							
<u> </u>	corporate funds			r				_
8	PURPOSE OF	(a) Category (See Categories listed at the top o	f this schedule)	(b) Description Check if travel	outside	of Texas, Comr	plete Schedule T.	
	EXPENDITURE			I <u>–</u>		fficeholder living		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Magnusson, Erick	Office sou	ight S CHRISTI CITY		Office he	eld	
	· 		CORPU					_
	Date	Payee name						
	08/29/2024	Clowdus	Ctata: 7in Ca	ad a				_
	Amount (\$) \$256.91	Payee address; City; 6130 Coralridge Dr	State; Zip Co	ode				
	Ψ230.91	0130 Coramage Di						
	Expenditure from corporate funds	Corpus Christi, TX 78413						
	PURPOSE OF	(a) Category (See Categories listed at the top o	f this schedule)	(b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor				fficeholder living	olete Schedule T. expense	
							igns without the	
				candidates kı	nowle	edge or coi	nsent	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	-		Office he		
	experientare to benefit G/OI	T Klein, Jim	CORPUS	S CHRISTI CITY		CORPU	IS CHRISTI CITY	
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	Expenditure from corporate funds							
	PURPOSE	(a) Category (See Categories listed at the top o	f this schedule)	(b) Description				_
	OF EXPENDITURE			I <u>□</u>			plete Schedule T.	
				Check if Austin	i, IX, 0i	fficeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght		Office he	eld	_
	expenditure to benefit C/OI	[⊣] Campos, Sylvia	CORPUS	S CHRISTI CITY		CORPU	IS CHRISTI CITY	
								_

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1: Sch: 15/70 Rpt:	FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date 09/12/2024	5 Payee name Clowdus	I
6 Amount (\$) \$433.23	7 Payee address; City; State; Zip Code 6130 Coralridge Dr	
Expenditure from corporate funds	Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Klein, Jim CORPUS CF	Office held HRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Campos, Sylvia CORPUS CH	Office held HRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Araiza, Isabel CORPUS CH	Office held HRISTI MAYOR

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
divertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide ex	plains how to co	nplete this form.		
1	Total pages Schedule F1: Sch: 16/70 Rpt:	2 FILER NAME TCE VoteClean.org			3 Filer ID 00088639	(Ethics Commission Filers)
_	·				00000039	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	de		
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	EXPENDITURE				outside of Texas. Co , TX, officeholder livi	
				_		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou		Office h	neld
	·	Gracia, Jennifer	CORPUS	CHRISTI CITY		
	Date	Payee name				
	Amagainst (ft)	(see previous)	Chahai Zia Ca	al a		
	Amount (\$)	Payee address; City;	State; Zip Co	ae		
	Expenditure from corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b) Description	autoida of Tayaa Ca	malete Cebedule T
	EXPENDITURE			-	outside of Texas. Co , TX, officeholder livi	
				_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	3	Office h	neld
	experience to serious ever	¹ Caballero, Rachel	CORPUS	CHRISTI CITY		
	Date	Payee name				
	09/26/2024	Clowdus				
	Amount (\$) \$433.23	Payee address; City; 6130 Coralridge Dr	State; Zip Co	de		
	Φ 4 33.23	6130 Coramage Di				
	Expenditure from corporate funds	Corpus Christi, TX 78413				
	PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b) Description	- delication (= 1	
	EXPENDITURE	Salaries/Wages/Contract Labor			outside of Texas. Co , TX, officeholder livi	
				Salary to sup	port the camp	aigns without the
				candidates kı	nowledge or c	onsent
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	-	Office h	
	expenditure to benefit C/OI	H Klein, Jim	CORPUS	CHRISTI CITY	CORP	US CHRISTI CITY

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guid		s/Wages/Contract Labo complete this form		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 17/70 Rpt:	TCE VoteC	lean.org				00088639	
4	Date	5 Payee name						
		(see previo	us)					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code			
	Expenditure from corporate funds							
8	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b) Descriptio	n		
	OF EXPENDITURE	·			1 <u>—</u>		de of Texas. Com	
	EXI ENDITORE				Check if	Austin, TX,	officeholder living	expense
9	Complete ONLY if direct	1	ceholder name	Office s			Office he	eld
	expenditure to benefit C/O	¹ Campos, Syl	via	CORP	US CHRISTI CI	TY	CORPL	JS CHRISTI CITY
	Date	Payee name						
		(see previo	us)					
	Amount (\$)	Payee addre		State; Zip	Code			
	γ unount (φ)	i ayoo aaaro	oo, oity,	Otato, Zip	0000			
_	T Expenditure from							
	corporate funds							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b) Descriptio	n		
	OF EXPENDITURE				· ·		de of Texas. Com	
					Check if	Austin, TX,	officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office s	•		Office he	eld
	experialiture to benefit C/Oi	¹ Araiza, Isabe	el	CORP	US CHRISTI MA	AYOR		
	Date	Payee name						
		(see previo	us)					
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code			
	(+)	,	,,	э,р				
г	Expenditure from							
	corporate funds							
	PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b) Descriptio	n		
	OF EXPENDITURE						de of Texas. Com	
					Check if	Austin, TX,	officeholder living	expense
					<u> </u>			
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office s		T \/	Office he	eld
	experience to belief C/OI	Gracia, Jenn	ıter	CORP	US CHRISTI CI	ΙY		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/70 Rpt:	TCE VoteClean.org 00088639
4	Date	5 Payee name (see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Caballero, Rachel CORPUS CHRISTI CITY
	Date	Payee name (see previous)
	Amount (\$) Expenditure from	Payee address; City; State; Zip Code
<u> </u>	corporate funds	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held CORPUS CHRISTI CITY
	Date	Payee name (see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held CORPUS CHRISTI CITY

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide ex	plains how to comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID (E	Ethics Commission Filers)
Sch: 19/70 Rpt:	TCE VoteClean.org			00088639	
4 Date	5 Payee name		•		
08/29/2024	Cota				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$507.24	6635 S Staples St #1214				
Expenditure from					
corporate funds	Corpus Christi, TX 78413				
8 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b)	Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		ш	side of Texas. Complet X, officeholder living ex	
			Salary to suppo		
			candidates kno		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/O	H Klein, Jim	CORPUS C	HRISTI CITY	CORPUS	CHRISTI CITY
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b)) Description		
OF EXPENDITURE		,	=	side of Texas. Complet	
			Check if Austin, T	X, officeholder living ex	pense
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/O	^H Campos, Sylvia		HRISTI CITY		CHRISTI CITY
Date	Payee name				
09/12/2024	Cota				
Amount (\$)	Payee address; City;	State; Zip Code			
\$724.63	6635 S Staples St #1214				
	·				
Expenditure from corporate funds	Corpus Christi, TX 78413				
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b)) Description		
OF	Salaries/Wages/Contract Labor	una scriedule)		side of Texas. Complet	e Schedule T.
EXPENDITURE			_	X, officeholder living ex	
			Salary to suppo candidates kno		
Complete ONII V Station	Condidate/Officeholder	04:00			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H Klein, Jim	Office sought	: :HRISTI CITY	Office held	CHRISTI CITY
	raciii, diiii	CONFOSC	THE STREET	CORFUS	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/70 Rpt:	TCE VoteClean.org 00088639
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
Г	Expenditure from	
	corporate funds	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	
	Dale	Payee name (soo provious)
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
_	T Expenditure from	
	corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belief C/OI	Gracia, Jennifer CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/70 Rpt:	2 FILER NAME TCE VoteClean.org 3 Filer ID (Ethics Commission Filers) 00088639
4	Date	5 Payee name (see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Caballero, Rachel CORPUS CHRISTI CITY
	Date 09/26/2024	Payee name Cota
	Amount (\$) \$885.83	Payee address; City; State; Zip Code 6635 S Staples St #1214
	Expenditure from corporate funds	Corpus Christi, TX 78413
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Klein, Jim CORPUS CHRISTI CITY CORPUS CHRISTI CITY
	Date	Payee name (see previous)
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 22/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	<u>'</u>
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(See Categories listed at the top of this scriedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held JS CHRISTI MAYOR
	Araiza, Isabel CORPL	JS CHRISTI MAYOR
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	Code
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	Lought Office held
expenditure to benefit C/O	1	IS CHRISTI CITY
Date	Payee name	
Daic	(see previous)	
Amount (\$)		`odo
Amount (\$)	Payee address; City; State; Zip C	oue
Expenditure from		
corporate funds	() -	(n) -
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		-
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	Caballero, Rachel CORPL	JS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide e	xplains how to complet	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 23/70 Rpt:	TCE VoteClean.org			00088639	
4 Date	5 Payee name		•		
	(see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
Expenditure from					
corporate funds					
8 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b)	Description		
OF EXPENDITURE			Check if travel outsid		
		'	CHECK II Ausun, 174, C	JIIICEHOIGEI IIVING	ехрепье
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
expenditure to benefit C/O	^H McKay, Eli	CORPUS CH	RISTI CITY		
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
- Evanoditura from					
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) [Description		
OF EXPENDITURE		[Check if Austin TV		
		'	Check if Austin, TX, o	omicentituel living	expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
expenditure to benefit C/O	^H Magnusson, Erick	CORPUS CH	RISTI CITY		
Date	Payee name				
08/29/2024	Espino				
Amount (\$)	Payee address; City;	State; Zip Code			
\$399.81	1805 Amazon Drive				
Expenditure from					
corporate funds	Corpus Christi, TX 78412				
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) I	Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsid		
			Salary to support	_	•
			candidates know		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
expenditure to benefit C/O	^H Klein, Jim	CORPUS CH	RISTI CITY	CORPU	S CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide e	Salaries/Wages/ explains how to comple		OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID (Ethics Commission Fi	lers)
Sch: 24/70 Rpt:	TCE VoteClean.org			00088639	
4 Date	5 Payee name				
	(see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b)	Description		
OF EXPENDITURE			=	de of Texas. Complete Schedule T. officeholder living expense	
			CHECK II Austili, 17,	officefloider living expense	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/OI		CORPUS CH	IRISTI CITY	CORPUS CHRISTI CITY	
Date					
09/12/2024	Payee name Espino				
		Control 7th Code			
Amount (\$)	Payee address; City;	State; Zip Code			
\$571.15	1805 Amazon Drive				
Expenditure from corporate funds	Corpus Christi, TX 78412				
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b)	Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor			de of Texas. Complete Schedule T.	
			_	officeholder living expense It the campaigns without the	
				vledge or consent	
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/O		CORPUS CH	HRISTI CITY	CORPUS CHRISTI CITY	
_					
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b)	Description		
OF EXPENDITURE			브	de of Texas. Complete Schedule T.	
LAI LIBITORE			Check if Austin, TX,	officeholder living expense	
2 Li ONII Vitaliana	S. I'll (Off holder name				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	IDICTI CITY	Office held	
5. p 5. s	¹ Campos, Sylvia	CORPUS CH	HRISTI CITY	CORPUS CHRISTI CITY	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 25/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	<u> </u>
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
, ,		
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	-
experience to benefit eye	¹ Araiza, Isabel CORPL	IS CHRISTI MAYOR
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	code
Funanditura from		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	,	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Condidate/Officeholder name	ught Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so Gracia, Jennifer CORPL	US CHRISTI CITY
	,	o dilikisti dili
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	code
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/Ol		IS CHRISTI CITY
	33.0	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1: Sch: 26/70 Rpt:	FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
-		00000039
4 Date 09/26/2024	5 Payee name Espino	
6 Amount (\$) \$571.15	7 Payee address; City; State; Zip Code 1805 Amazon Drive	
Expenditure from corporate funds	Corpus Christi, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough Klein, Jim CORPUS C	t Office held CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	•
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough Campos, Sylvia CORPUS C	t Office held CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough Araiza, Isabel CORPUS C	t Office held CHRISTI MAYOR

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages/Contract Labor		OTHER (enter a	category not listed above))
1 Total pages Schedule F1:	2 FILER NAM	F			3	Filer ID	(Ethics Commission	Filers)
Sch: 27/70 Rpt:	TCE Vote(00088639	()))	,
4 Date	5 Payee name	е						
	(see previo	ous)						
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip C	Code				
(1)			, ,					
Expenditure from corporate funds								
8 PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description				
OF EXPENDITURE	,	-	,	Check if trav	vel outs	side of Texas. Com	plete Schedule T.	
LAPENDITORE				Check if Aus	stin, TX	t, officeholder living	g expense	
9 Complete ONLY if direct		ficeholder name	Office so	ught		Office he	eld	
expenditure to benefit C/O	H Gracia, Jen	nifer	CORPL	IS CHRISTI CIT	Y			
Date	Payee name	<u> </u>						
	(see previo							
Amount (\$)	Payee addre	-	State; Zip C	`ada				
Amount (\$)	rayee auun	ess, City,	State, Zip C	oue				
Expenditure from								
corporate funds								
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description				
OF EXPENDITURE		Ü	,	Check if trav	vel outs	side of Texas. Com	plete Schedule T.	
EXPENDITORE				Check if Au	stin, TX	, officeholder living	g expense	
Complete ONLY if direct		ficeholder name	Office so	ught		Office he	eld	
expenditure to benefit C/O	^H Caballero, F	Rachel	CORPL	IS CHRISTI CITY	Y			
Date	Payee name	2						
	(see previo							
Amount (ft)			State; Zip C	`ada				
Amount (\$)	Payee addr	ess; City;	State, Zip C	oue				
Expenditure from								
corporate funds								
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description				
OF EXPENDITURE	,			Check if trav	vel outs	side of Texas. Com	plete Schedule T.	
EXPENDITURE				Check if Au	stin, TX	, officeholder living	g expense	
Complete ONLY if direct		ficeholder name	Office so			Office he	eld	
expenditure to benefit C/O	^H McKay, Eli		CORPL	IS CHRISTI CITY	Y			
		•	and the second second				\(\lambda_{\text{\color}}\)	0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 28/70 Rpt:	2 FILER NAME TCE VoteClean.org 3 Filer ID (Ethics Commission Filers) 00088639	
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Magnusson, Erick CORPUS CHRISTI CITY	
	Date 08/29/2024	Payee name Fleming	
	Amount (\$) \$176.15	Payee address; City; State; Zip Code 3302 Blumie Street, Unit A	
	Expenditure from corporate funds	Austin, TX 78745	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Klein, Jim CORPUS CHRISTI CITY CORPUS CHRISTI CITY	
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	implete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 29/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	
09/12/2024	Fleming	
6 Amount (\$) \$251.64	7 Payee address; City; State; Zip Co	ode .
φ231.04	3302 Blumie Street, Unit A	
Expenditure from corporate funds	Austin, TX 78745	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Salary to support the campaigns without the
		candidates knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	
·	1 Klein, Jim CORPUS	S CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name	
A (A)	(see previous)	
Amount (\$)	Payee address; City; State; Zip Co	ode
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	
experiantare to benefit 6/0	CORPUS CORPUS	S CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Co	ode
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	
expenditure to benefit C/O	¹ Araiza, Isabel CORPUS	S CHRISTI MAYOR

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide ex	plains how to cor	nplete this form.		
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
	Sch: 30/70 Rpt:	TCE VoteClean.org			00088639	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	de		
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description	outside of Texas. Com	nnlete Schedule T
	EXPENDITURE				, TX, officeholder living	
				_		
_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Gracia, Jennifer	Office sou	ont CHRISTI CITY	Office h	eld
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Coo	10		
	Amount (\$)	Payee address, City,	State, Zip Co	ue		
	Expenditure from corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
	EXPENDITURE			=	outside of Texas. Com , TX, officeholder living	
				Ш		•
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	•	Office h	eld
	expenditure to benefit C/OI	Caballero, Rachel	CORPUS	CHRISTI CITY		
	Date	Payee name				
	09/26/2024	Fleming				
	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$251.64	3302 Blumie Street, Unit A				
	Expenditure from corporate funds	Austin, TX 78745				
	PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
	EXPENDITURE	Salaries/Wages/Contract Labor		ш	outside of Texas. Com , TX, officeholder living	
				ш		aigns without the
					nowledge or co	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office h	eld
	expenditure to benefit C/OI	^Ⅎ Klein, Jim	CORPUS	CHRISTI CITY	CORPL	JS CHRISTI CITY

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FII FR NAME	3 Filer ID (Ethics Commission Filers)
Sch: 31/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	·
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	CORPU	S CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ughtOffice held
expenditure to benefit C/OI		S CHRISTI MAYOR
Date	Payee name	
Date	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ada
Amount (φ)	Payee address, City, State, Zip C	oue
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	(See Gategories listed at the top of this series.	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
ONLY Maline et	5 "	C. C. Ladd
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	
	Gracia, Jennifer CORPU	S CHRISTI CITY

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Office Overhead/Re
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Co

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expens

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 32/70 Rpt:	TCE VoteClean.org 00088639	
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit or or	Caballero, Rachel CORPUS CHRISTI CITY	
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Creek ii Austin, 17, uniceriolidei livilig expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	McKay, Eli CORPUS CHRISTI CITY	
	Date	Payee name	_
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	Expenditure from		
L	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Magnusson, Erick CORPUS CHRISTI CITY	
			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials E mittee Legal Services		g Expen: s/Wage:	se s/Contract Labor		avel Out of Dis THER (enter a	strict category not listed above)	1
	Credit Card Payment		The Instruction Gui	de explains how to	compl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Fil	er ID	(Ethics Commission I	Filers)
	Sch: 33/70 Rpt:		TCE VoteClean.org				00	0088639		
4	Date	5	Payee name							
	08/29/2024		Hensiek							
6	Amount (\$)	7	Payee address; City;	State; Zip (Code					
	\$209.30	;	325 Louisiana Ave							
_	T Expenditure from									
L	corporate funds	'	Corpus Christi, TX 78404							
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Lal			Check if travel outs				
						Check if Austin, TX			igns without the	
						candidates know		•	•	
9	Complete ONLY if direct	l C	andidate/Officeholder name	Office s	ouaht			Office he	5lq	
•	expenditure to benefit C/O		lein, Jim		•	HRISTI CITY			JS CHRISTI CITY	
	Date		Payee name							
			(see previous)							
	Amount (\$)		Payee address; City;	State; Zip (Code					
	Expenditure from corporate funds									
	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE					Check if travel outs				
						Check if Austin, TX	X, offi	ceholder living	expense	
	Complete ONLY if direct		andidate/Officeholder name	Office s	ouaht			Office he	-jų	
	expenditure to benefit C/O		ampos, Sylvia			HRISTI CITY			JS CHRISTI CITY	•
	Date	_	Payee name							
	09/12/2024	1	Hensiek							
	Amount (\$)	-	Payee address; City;	State; Zip (Code					
	\$299.00	1	325 Louisiana Ave	otate, zip	Oouc					
	¥=33.00									
	Expenditure from corporate funds	,	Corpus Christi, TX 78404							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	:	Salaries/Wages/Contract Lal	bor		Check if travel outs				
						Check if Austin, TX			expense igns without the	
						candidates know				
	Complete ONLY if direct		andidate/Officeholder name	Office s	ought			Office he	eld	
	expenditure to benefit C/OI	H K	lein, Jim	CORP	US C	HRISTI CITY		CORPL	JS CHRISTI CITY	,

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Leg	/Awards/Memorials Expens pal Services e Instruction Guide ex	Salaries/\	Vages/Contract Labor	Travel Out of D OTHER (enter	istrict a category not listed above)
1 Total pages Schedule F1: Sch: 34/70 Rpt:					3 Filer ID 00088639	(Ethics Commission Filers)
4 Date	5 Payee name (see previous)				1	
6 Amount (\$) Expenditure from	7 Payee address;	City;	State; Zip Co	ode		
corporate funds 8 PURPOSE	(a) Category (See C			(b) Description		
OF EXPENDITURE	(w) Callegory (See C	ategories listed at the top o	or this schedule)	Check if trave	l outside of Texas. Cor n, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officer Campos, Sylvia		Office sou	ight S CHRISTI CITY	Office h	neld US CHRISTI CITY
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City;	State; Zip Co	ode		
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See C	ategories listed at the top o	of this schedule)	ı =	l outside of Texas. Cor n, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officer Araiza, Isabel	nolder name	Office sou	ight S CHRISTI MAYO	Office h	neld
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City;	State; Zip Co	ode		
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See C	ategories listed at the top o	of this schedule)	I <u>—</u>	l outside of Texas. Cor n, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeh Gracia, Jennifer		Office sou	ight S CHRISTI CITY	Office h	neld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	(
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 35/70 Rpt:	TCE VoteClean.org		00088639
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Si	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name		
09/26/2024	Hensiek		
Amount (\$)		ate; Zip Code	
\$394.68	325 Louisiana Ave	a.c.,p	
Expenditure from corporate funds	Corpus Christi, TX 78404		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Salaries/Wages/Contract Labor	Check if trave Check if Austi Salary to Su	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense pport the campaigns without the knowledge or consent
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name How Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; Si	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experience to benefit C/Of	¹ Campos, Sylvia	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Wage	s/Contract Labor			THER (enter a		listed above)	
_	T	_					p-	1	_	_		/EU-: 0		
1	Total pages Schedule F1:	2							3		iler ID	(Etnics C	ommission File	S)
	Sch: 36/70 Rpt:		TCE VoteCl	ean.org						0	0088639			
4	Date	5	Payee name											
			(see previou	ıs)										
6	Amount (\$)	17	Payee addres	ss; City		State; Zip C	ode							
U	Amount (\$)	'	rayee address	ss, City	,	State, Zip C	oue							
_	T Expenditure from													
	corporate funds													
8	PURPOSE	(a)	Category (Se	a Catagorian li	atad at the tan a	of this schedule)	(b)	Description						
	OF	``	outogory (Se	ee Calegories ii	sieu ai irie iop c	ir triis scriedule)	``	Check if travel	outsi	ide	of Texas. Con	nplete Schedu	ıle T.	
	EXPENDITURE							Check if Austin,						
								_						
9	Complete ONLY if direct		Candidate/Offic	ceholder na	ıme	Office so	laht				Office h	eld		
•	expenditure to benefit C/O	ш	Araiza, Isabe		uno		-	HRISTI MAYO	ıR		Onicen	Ciu		
		_	waiza, isabe	'										
	Date		Payee name											
			(see previou	ıs)										
	Amount (\$)		Payee addres	ss; City		State; Zip C	ode							
	.,		•	_		•								
	Expenditure from													
L	corporate funds													
	PURPOSE	(a)	Category (Se	ee Categories li	sted at the top o	of this schedule)	(b)	Description						
	OF EXPENDITURE							Check if travel of	outsi	ide	of Texas. Con	nplete Schedu	ıle T.	
	EXI ENDITORE							Check if Austin,	, TX,	, off	ficeholder livin	g expense		
	Complete ONLY if direct		Candidate/Offic	ceholder na	ıme	Office so	ught				Office h	eld		
	expenditure to benefit C/OF	H	Gracia, Jenni	ifer		CORPU	S C	HRISTI CITY						
	Date		Dayso name											
	Dale		Payee name	10)										
			(see previou	15)										
	Amount (\$)		Payee addres	ss; City	,	State; Zip C	ode							
	Expenditure from corporate funds													
			_				[a,							
	PURPOSE OF	(a)	Category (Se	ee Categories li	sted at the top o	of this schedule)	(a)	Description		ida.	of Toyon Com	naloto Cobodi	do T	
	EXPENDITURE							Check if travel of Check if Austin,				•	lie I.	
								Crieck ii Austini,	, 17,	, 011	iiceriolaer iiviiri	y expense		
							<u> </u>							
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic		ıme	Office so					Office h	eld		
	experiulture to benefit C/Of	'' (Caballero, Ra	achel		CORPU	S C	HRISTI CITY						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explai	ns how to complete this form.	
1 7	Fotal pages Schedule F1: Sch: 37/70 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 [Date	5 Payee name (see previous)		
6 <i>A</i>	Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H McKay, Eli	Office sought CORPUS CHRISTI CITY	Office held
E	Date	Payee name (see previous)		
	Amount (\$) Expenditure from corporate funds	Payee address; City; Sta	ate; Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Hagnusson, Erick	Office sought CORPUS CHRISTI CITY	Office held
	Date 08/29/2024	Payee name Hernandez		
F	Amount (\$) \$1,023.39	Payee address; City; Sta 488 Palmetto St	ate; Zip Code	
	Expenditure from corporate funds	Corpus Christi, TX 78412		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	Check if trav Check if Aus Salary to su candidates	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense upport the campaigns without the knowledge or consent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Holdin, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F1: Sch: 38/70 Rpt: TCE VoteClean.org 5 Payee name (see previous) 6 Amount (\$) 7 Payee address; City; State; Zip Code Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Campos, Sylvia Corpus CHRISTI CITY Date 09/12/2024 Payee name Hernandez Amount (\$) Payee address; City; State; Zip Code State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CORPUS CHRISTI CITY Date 09/12/2024 Payee name Hernandez Amount (\$) Payee address; City; State; Zip Code	lers)
Sch: 38/70 Rpt: TCE VoteClean.org 00088639 4 Date 5 Payee name (see previous) 6 Amount (\$) 7 Payee address; City; State; Zip Code Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY Date O9/12/2024 Payee ande Hernandez Amount (\$) Payee address; City; State; Zip Code	
(see previous) 7 Payee address; City; State; Zip Code Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) 9 Complete ONLY if direct expenditure to benefit C/OH Campos, Sylvia Candidate/Officeholder name CORPUS CHRISTI CITY Date O9/12/2024 Payee name Hernandez Amount (\$) Payee address; City; State; Zip Code	
(see previous) 7 Payee address; City; State; Zip Code Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) 9 Complete ONLY if direct expenditure to benefit C/OH Campos, Sylvia Candidate/Officeholder name CORPUS CHRISTI CITY Date O9/12/2024 Payee name Hernandez Amount (\$) Payee address; City; State; Zip Code	
Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 9 Complete ONLY if direct expenditure to benefit C/OH Campos, Sylvia CORPUS CHRISTI CITY Date 09/12/2024 Amount (\$) Payee address; City; State; Zip Code (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder iving expense Office sought CORPUS CHRISTI CITY CORPUS CHRISTI CITY CORPUS CHRISTI CITY Payee address; City; State; Zip Code	
Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 9 Complete ONLY if direct expenditure to benefit C/OH Campos, Sylvia CORPUS CHRISTI CITY Date 09/12/2024 Amount (\$) Payee address; City; State; Zip Code (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder iving expense Office sought CORPUS CHRISTI CITY CORPUS CHRISTI CITY CORPUS CHRISTI CITY Payee address; City; State; Zip Code	
B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Campos, Sylvia CORPUS CHRISTI CITY Date 09/12/2024 Payee name Hernandez Amount (\$) Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Campos, Sylvia CORPUS CHRISTI CITY Date 09/12/2024 Payee name Hernandez Amount (\$) Payee address; City; State; Zip Code	
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9 Payee name 9 Payee address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CORPUS CHRISTI CITY CORPUS CHRISTI CITY Office held CORPUS CHRISTI CITY CORPUS CHRISTI CITY Date Payee name Hernandez	
expenditure to benefit C/OH Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY Date Payee name 09/12/2024 Hernandez Amount (\$) Payee address; City; State; Zip Code	
expenditure to benefit C/OH Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY Date Payee name 09/12/2024 Hernandez Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 09/12/2024 Hernandez Amount (\$) Payee address; City; State; Zip Code	
09/12/2024 Hernandez Amount (\$) Payee address; City; State; Zip Code	
Amount (\$) Payee address; City; State; Zip Code	
400 i ainicito ot	
I	
Expenditure from corporate funds Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH Klein, Jim CORPUS CHRISTI CITY CORPUS CHRISTI CITY	
Date Payee name	
(see previous)	
Amount (\$) Payee address; City; State; Zip Code	
Expenditure from corporate funds	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 39/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	_ l
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check if Austin, 17, Universities living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		PUS CHRISTI MAYOR
Date	Payee name	
Date	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Amount (ϕ)	r dyce dddress, City, State, Zip	Couc
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	- I —
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check in Additing 174, differentiated living expense
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O	H Gracia, Jennifer CORI	PUS CHRISTI CITY
Date	Payee name	
Julio	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Amount (ϕ)	r dyce dddress, City, State, Zip	Couc
Expenditure from corporate funds		
	(5) 5	(A) = 1 · ·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct		sought Office held
expenditure to benefit C/O	^H Caballero, Rachel CORI	PUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 40/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	
09/26/2024	Hernandez	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$1,274.88	488 Palmetto St	
Expenditure from corporate funds	Corpus Christi, TX 78412	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary to support the campaigns without the
		candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	S .
experiordire to benefit C/O	H Klein, Jim CORPU	JS CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	Code
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	
experiorare to berieff C/O	H Campos, Sylvia CORPL	JS CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	Code
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	
experientale to belieff C/O	Araiza, Isabel CORPL	JS CHRISTI MAYOR

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/70 Rpt:	TCE VoteClean.org 00088639
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		Gracia, Jennifer CORPUS CHRISTI CITY
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
Г	Expenditure from corporate funds	
		(-) -
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
_	Expenditure from	
L	corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/Of	McKay, Eli CORPUS CHRISTI CITY

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 42/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	·
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
— Foresedit ve from		
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI		US CHRISTI CITY
Date		
09/26/2024	Payee name Kelly Graphics	
Amount (\$)	Payee address; City; State; Zip	Code
\$7,076.00	1409 Quaker Ridge	Couc
Ψ1,010.00	1700 Quaker Mage	
Expenditure from corporate funds	Austin, TX 78746	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Coroplast signs, and yard signs
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI	4	
Date	Payee name	
09/26/2024	Kelly Graphics	
Amount (\$)	Payee address; City; State; Zip	Code
\$8,598.94	1409 Quaker Ridge	
Expenditure from corporate funds	Austin, TX 78746	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Door hangers
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI		ought Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1: Sch: 43/70 Rpt:	FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date 08/21/2024	5 Payee name Office Depot #70	
6 Amount (\$) \$176.66	7 Payee address; City; State; Zip Co 5425 S Padre Island Dr	ode
Expenditure from corporate funds	Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould Klein, Jim Corpus (oght Office held Christi City Council
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Co	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould Campos, Sylvia Corpus Co	oght Office held Christi City Council Corpus Christi City Council
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Co	ode
corporate funds		L
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould Araiza, Isabel Corpus C	oght Office held Christi City Council

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 44/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	,	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		s Christi City Council
Dete		
Date	Payee name	
440	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Greek in Austri, 174, oriented at inving expense
Complete ONLY if direct	Candidate/Officeholder name Office s	cought Office held
expenditure to benefit C/O		s Christi City council
Date	Payee name	
Batto	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Codo
Amount (4)	rayee address, City, State, Zip	Coue
Expenditure from		
corporate funds	[las
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O	H McKay, Eli Corpus	s Christi City Council

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide e	explains how to co	mplete this form.		
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
	Sch: 45/70 Rpt:	TCE VoteClean.org			00088639	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	de		
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		outside of Texas. Con TX, officeholder livin	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office h	eld
	expenditure to benefit C/O	^H Magnusson, Erick	Corpus C	Christi City council		
_	Date	Payee name				
	08/29/2024	Perry				
	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$237.67	311 Estate Dr				
	Expenditure from corporate funds	Hutto, TX 78634				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Salaries/Wages/Contract Labor		Check if Austin, Salary to sup	outside of Texas. Con , TX, officeholder livin port the campa nowledge or co	g expense aigns without the
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Klein, Jim	Office sou	ght S CHRISTI CITY	Office h	eld US CHRISTI CITY
	Data					
	Date	Payee name (see previous)				
	Δ == = == (Φ)		Otata: 75- 0-	4-		
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Co	ae		
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
	OF EXPENDITURE				outside of Texas. Con , TX, officeholder livin	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou		Office h	
	experiorale to belieff C/Of	T Campos, Sylvia	CORPUS	S CHRISTI CITY	CORP	US CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 46/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	
09/12/2024	Perry	
6 Amount (\$) \$339.54	7 Payee address; City; State; Zip Code 311 Estate Dr	
Expenditure from corporate funds	Hutto, TX 78634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough Klein, Jim CORPUS C	t Office held CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough Campos, Sylvia CORPUS C	t Office held CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough Araiza, Isabel CORPUS C	t Office held CHRISTI MAYOR

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide ex	plains how to con	nplete this form.		
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
_	Sch: 47/70 Rpt:	TCE VoteClean.org			00088639	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Coo	le		
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
	EXPENDITURE				outside of Texas. Com , TX, officeholder living	
				<u> П</u>	, ,	9
9	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ıht	Office h	eld
	expenditure to benefit C/O	Gracia, Jennifer	CORPUS	CHRISTI CITY		
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Coo	le		
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
	OF EXPENDITURE			-	outside of Texas. Com , TX, officeholder living	
				Gricok ii 7 kasari,	, TX, omeendaer iiviii	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office h	eld
	expenditure to benefit C/OI	^H Caballero, Rachel	CORPUS	CHRISTI CITY		
	Date	Payee name				
	09/26/2024	Perry				
	Amount (\$)	Payee address; City;	State; Zip Coo	le		
	\$339.54	311 Estate Dr				
	Expenditure from corporate funds	Hutto, TX 78634				
	PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
	EXPENDITURE	Salaries/Wages/Contract Labor		□	outside of Texas. Com , TX, officeholder living	
				ш		aigns without the
					nowledge or co	
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ıht	Office h	eld
	expenditure to benefit C/OI	^Ⅎ Klein, Jim	CORPUS	CHRISTI CITY	CORPL	JS CHRISTI CITY

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1: Sch: 48/70 Rpt:	FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
L	corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Campos, Sylvia CORPUS CH	Office held IRISTI CITY CORPUS CHRISTI CITY
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Araiza, Isabel CORPUS CH	Office held IRISTI MAYOR
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Gracia, Jennifer CORPUS CH	Office held IRISTI CITY

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/70 Rpt:	TCE VoteClean.org 00088639
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
_	Expenditure from	
┙	corporate funds	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Caballero, Rachel CORPUS CHRISTI CITY
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
_	T Expenditure from	
L	corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	McKay, Eli CORPUS CHRISTI CITY
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
_	T Expenditure from	
L	corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check if Austin, 1A, oilicendider living expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

Credit Card Payment	The Instruction Guide	explains how to complete t	this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer I	ID (Ethics Commission Filers)
Sch: 50/70 Rpt:	TCE VoteClean.org		0008	88639
4 Date	5 Payee name		I	
09/05/2024	Progress League			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$6,000.00	2105 Montclaire St			
. ,				
Expenditure from corporate funds	Austin, TX 78704			
8 PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule) (b) De	escription	
EXPENDITURE	Consulting Expense		Check if travel outside of Te Check if Austin, TX, officeho	
		C	onsuling	nucl living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	C	Office held
expenditure to benefit C/O		Corpus Christi (
Date	· · ·			
Dale	Payee name (see previous)			
Δ (Φ)	, , ,	Chatai Zin Conta		
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from				
corporate funds				
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) De	escription	
OF EXPENDITURE			Check if travel outside of Te	
		-	Check if Austin, TX, officeho	older living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/O		Corpus Christi (Corpus Christi City Council
D-1-	· · ·			
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from				
corporate funds				
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) De	escription	
OF EXPENDITURE			Check if travel outside of Te	
			Check if Austin, TX, officeho	older living expense
Complete ONII V Station	Condidate/Office held	Office accounts		Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Isabel, Araiza	Office sought Corpus Christi (Office held
,	isabei, Alaiza	Corpus Criristi (only Council	
Campa a manadala al las de Terres de		41.5)/ ')/// 1 0 10 L E45

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed The Instruction Guide explains how to complete this form.	above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm	ission Filers)
Sch: 51/70 Rpt:	TCE VoteClean.org 00088639	
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/01	Caballero, Rachel Corpus Christi City Council	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Cotogony	
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	McKay, Eli Corpus Christi City Council	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide ex	xplains how to cor	nplete this form.		
1	Total pages Schedule F1: Sch: 52/70 Rpt:	2 FILER NAME TCE VoteClean.org			3 Filer ID 00088639	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Coo	de		
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)		outside of Texas. Cor TX, officeholder livin	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Magnusson, Erick	Office souç Corpus C	ght hristi City Council	Office h	eld
	Date 08/29/2024	Payee name Schneider				
	Amount (\$) \$353.17	Payee address; City; 2609 Sherwood Lane	State; Zip Coo	de		
	Expenditure from corporate funds	Austin, TX 78704				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Salaries/Wages/Contract Labor	of this schedule)	Check if Austin, Salary to sup	outside of Texas. Cor TX, officeholder livin port the campa nowledge or co	g expense aigns without the
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Klein, Jim	Office souç CORPUS	ht CHRISTI CITY	Office h	eld US CHRISTI CITY
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Coo	de		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)		outside of Texas. Cor TX, officeholder livin	•
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Campos, Sylvia	Office soug	ght CHRISTI CITY	Office h	eld US CHRISTI CITY

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

	Credit Card i ayment	The Instruction Guide exp	plains how to co	omplete this form.		
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 53/70 Rpt:	TCE VoteClean.org			00088639	
4	Date	5 Payee name			•	
	09/12/2024	Schneider				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
	\$504.53	2609 Sherwood Lane				
	- Evpanditura from					
L	Expenditure from corporate funds	Austin, TX 78704				
8	PURPOSE OF	(a) Category (See Categories listed at the top of t	this schedule)	(b) Description		
	EXPENDITURE	Salaries/Wages/Contract Labor			outside of Texas. Com n, TX, officeholder living	
				_ _		igns without the
					nowledge or co	
9		Candidate/Officeholder name	Office sou	<u>ı</u> ıght	Office he	eld
	expenditure to benefit C/OI	^H Klein, Jim	CORPU	S CHRISTI CITY	CORPL	JS CHRISTI CITY
_	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	Expenditure from corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of t	this schedule)	(b) Description		
	EXPENDITURE				outside of Texas. Com n, TX, officeholder living	
					,, 174, 0001.0.001	, oxponice
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght	Office he	eld
	expenditure to benefit C/OI	^H Campos, Sylvia	CORPU	S CHRISTI CITY	CORPL	JS CHRISTI CITY
_	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	- Consorditure force					
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of t	this schedule)	(b) Description		
	OF EXPENDITURE			ı <u>⊢</u>	outside of Texas. Com	•
				Check if Austin	n, TX, officeholder living	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>l</u> Jaht	Office he	eld
	expenditure to benefit C/OI			S CHRISTI MAYC		
		·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide expl	ains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 54/70 Rpt:	TCE VoteClean.org		00088639
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; S	state; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of the	′ I <u> </u>	al autoida of Tayan Complete Schodula T
EXPENDITURE			el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		_	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experientale to beliefft C/O	Gracia, Jennifer	CORPUS CHRISTI CITY	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	state; Zip Code	
Expenditure from			
corporate funds		<u></u>	
PURPOSE OF	(a) Category (See Categories listed at the top of the	· —	el outside of Texas. Complete Schedule T.
EXPENDITURE		1 <u>–</u>	tin, TX, officeholder living expense
		_	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experiantare to benefit 6/0	H Caballero, Rachel	CORPUS CHRISTI CITY	
Date	Payee name		
09/26/2024	Schneider		
Amount (\$)	· ·	state; Zip Code	
\$504.53	2609 Sherwood Lane		
Expenditure from			
corporate funds	Austin, TX 78704	·	
PURPOSE OF	(a) Category (See Categories listed at the top of the		el outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor		in, TX, officeholder living expense
			pport the campaigns without the
		candidates	knowledge or consent
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Klein, Jim	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 55/70 Rpt:	TCE VoteClean.org 00088639
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to serious eye.	Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Araiza, Isabel CORPUS CHRISTI MAYOR
Date	Payee name
Duic	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTICAL O/OI	Gracia, Jennifer CORPUS CHRISTI CITY
ī	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/70 Rpt:	TCE VoteClean.org 00088639
4	Date	5 Payee name (see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Caballero, Rachel CORPUS CHRISTI CITY
	Date	Payee name (see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held McKay, Eli CORPUS CHRISTI CITY
	Date	Payee name (see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Magnusson, Erick CORPUS CHRISTI CITY

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed ab	ove)
	,		The Instruction Guide ex	plains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 57/70 Rpt:	TCE VoteC	Clean.org					00088639		
4	Date	5 Payee name	<u> </u>							
	08/29/2024	Thomas								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$226.36	4527 Osag	e Ave							
	Expenditure from corporate funds	Philadelphi	ia, PA 19143							
8	PURPOSE	(a) Category (s	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF		ages/Contract Labor	i ilis soliculie)	` `		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		g			Check if Austin,	, TX,	officeholder living	j expense	
									igns without th	е
						candidates kr	าดง	vledge or co	nsent	
9	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	^H Klein, Jim		CORPUS	S CH	HRISTI CITY		CORPL	JS CHRISTI CI	TY
	Date	Payee name)							
		(see previo	ous)							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	(*)									
Г	Expenditure from corporate funds									
	PURPOSE	(a) Catagony			(h)	Description				
	OF	(a) Category (s	See Categories listed at the top o	f this schedule)	(6)	Description Check if travel of	nutsi	de of Texas Com	plete Schedule T.	
	EXPENDITURE					=		officeholder living		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ı <u> </u>			Office he	eld	
	expenditure to benefit C/O	^H Campos, Sy	·lvia			HRISTI CITY		CORPL	JS CHRISTI CI	TY
	Date	Payee name	<u> </u>							
	09/12/2024	Thomas	-							
			O'th ::	01-1 7:- 0-	1 .					
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$386.12	4527 Osag	je Ave							
_	T Expenditure from									
	corporate funds	Philadelphi	ia, PA 19143							
	PURPOSE	(a) Category (S	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor						plete Schedule T.	
						—		officeholder living		_
						Salary to support candidates kr			igns without th	е
						oundidutes KI	101			
	Complete ONLY if direct		ficeholder name	Office sou	•			Office he		
	expenditure to benefit C/O	[⊣] Klein, Jim		CORPUS	S CH	HRISTI CITY		CORPL	JS CHRISTI CI	TY

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

ense Travel in
ense Travel Ou
ges/Contract Labor OTHER (

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 58/70 Rpt:	TCE VoteClean.org 00088639
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	Araiza, Isabel CORPUS CHRISTI MAYOR
	Date	Payee name (see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Gracia, Jennifer CORPUS CHRISTI CITY

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card F dyment	The Instruction Guide expla	ains how to comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 59/70 Rpt:	TCE VoteClean.org			00088639	
4 Date	5 Payee name				
	(see previous)				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
Expenditure from					
corporate funds					
8 PURPOSE	(a) Category (See Categories listed at the top of thi	s schedule) (b)	Description		
OF EXPENDITURE			=	outside of Texas. Com , TX, officeholder livinç	
			L Crieck ii Austini,	, 17, onicendidei iivinį	g expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office h	eld
expenditure to benefit C/OI	^H Caballero, Rachel	CORPUS C	HRISTI CITY		
Date	Payee name				
09/26/2024	Thomas				
Amount (\$)	Payee address; City; S	tate; Zip Code			
\$323.38	4527 Osage Ave	, ,			
	, and the second				
Expenditure from corporate funds	Philadelphia, PA 19143				
PURPOSE OF	(a) Category (See Categories listed at the top of thi	s schedule) (b)	Description		
EXPENDITURE	Salaries/Wages/Contract Labor		<u> </u>	outside of Texas. Com , TX, officeholder living	
			Salary to sup	port the campa	nigns without the
			candidates kr	nowledge or co	nsent
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
expenditure to benefit C/OI	^Ⅎ Klein, Jim	CORPUS C	HRISTI CITY	CORPL	JS CHRISTI CITY
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; S	tate; Zip Code			
— Foresediture from					
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of thi	s schedule) (b)) Description		
OF EXPENDITURE	, , ,	·		outside of Texas. Com	
			Check if Austin,	, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	<u> </u>	Office he	eld
expenditure to benefit C/OI			HRISTI CITY		JS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 60/70 Rpt:	TCE VoteClean.org 00088639	
4 Date	5 Payee name	_
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
Data		_
Date	Payee name (see previous)	
Amount (ft)	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Crick if Additi, 17, officerolater fiving expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	H Gracia, Jennifer CORPUS CHRISTI CITY	
Date	Payee name	_
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	_
— Foresaditure from		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how	to complete this form.
1	Total pages Schedule F1: Sch: 61/70 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4	Date	5 Payee name (see previous)	•
6	Amount (\$)	7 Payee address; City; State; Z	p Code
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	1	e sought Office held RPUS CHRISTI CITY
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Z	p Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	T. Control of the Con	e sought Office held RPUS CHRISTI CITY
	Date 08/29/2024	Payee name Toren	
	Amount (\$) \$99.51	Payee address; City; State; Z 7103 Circle S Rd	p Code
	Expenditure from corporate funds	Austin, TX 78745	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
	Complete ONLY if direct expenditure to benefit C/O		e sought Office held RPUS CHRISTI CITY CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guid	de explains how to c	omplete this form.		
1	Total pages Schedule F1: Sch: 62/70 Rpt:	2 FILER NAME TCE VoteClean.org			3 Filer ID 00088639	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)			•	
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode		
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule)	ı <u>—</u>	l outside of Texas. Com n, TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office so	-	Office he	
	Date 09/12/2024	Payee name Toren		S CHRISTI CITY	CORPC	JS CHRISTI CITY
	Amount (\$) \$142.15 Expenditure from corporate funds	Payee address; City; 7103 Circle S Rd Austin, TX 78745	State; Zip C	ode		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Salaries/Wages/Contract Lab		Check if Austin	l outside of Texas. Com n, TX, officeholder living oport the campa knowledge or co	expense ligns without the
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Klein, Jim	Office so CORPU	ught S CHRISTI CITY	Office he	eld JS CHRISTI CITY
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip C	ode		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule)	ı ⊑	l outside of Texas. Com n, TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Campos, Sylvia	Office so	ught S CHRISTI CITY	Office he	eld JS CHRISTI CITY

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 63/70 Rpt:	2 FILER NAME TCE VoteClean.org 3 Filer ID (Ethics Commission Filers 00088639	5)
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Araiza, Isabel CORPUS CHRISTI MAYOR	
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
L	corporate funds		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Gracia, Jennifer CORPUS CHRISTI CITY	
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from	Payee address; City; State; Zip Code	
L	corporate funds		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Caballero, Rachel CORPUS CHRISTI CITY	

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

Credit Card Payment	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID (Ethics Commission Filers)
Sch: 64/70 Rpt:	TCE VoteClean.org		00088639
4 Date	5 Payee name	<u>.</u>	
09/26/2024	Toren		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
\$142.15	7103 Circle S Rd		
Expenditure from			
corporate funds	Austin, TX 78745		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this		
EXPENDITURE	Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. TX, officeholder living expense
		-	ort the campaigns without the
		candidates kno	owledge or consent
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Klein, Jim	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this	· -	deide ef Taure Countlete Cabadala T
EXPENDITURE		I <u>—</u>	utside of Texas. Complete Schedule T. FX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiordine to benefit C/OI	¹ Campos, Sylvia	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this		utside of Texas. Complete Schedule T.
EXPENDITURE			TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Araiza, Isabel	CORPUS CHRISTI MAYOF	₹

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (on the performance and including a property of the performance)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 65/70 Rpt:	TCE VoteClean.org 00088639
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		Gracia, Jennifer CORPUS CHRISTI CITY
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
Г	Expenditure from corporate funds	
		(-) -
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
_	Expenditure from	
L	corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/Of	McKay, Eli CORPUS CHRISTI CITY

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 66/70 Rpt:	TCE VoteClean.org		00088639
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top		rel outside of Texas. Complete Schedule T.
EXPENDITURE			stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name	Office sought	Office held
onponditure to belieff 6/6	Magnusson, Erick	CORPUS CHRISTI CITY	·
Date	Payee name		
08/29/2024	Torres		
Amount (\$)	Payee address; City;	State; Zip Code	
\$403.76	3302 Casa Bonita Dr		
Expenditure from corporate funds	Corpus Christi, TX 78411		
PURPOSE OF	(a) Category (See Categories listed at the top	l —	
EXPENDITURE	Salaries/Wages/Contract Labor	'	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Salary to su	upport the campaigns without the
		candidates	knowledge or consent
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/C	Klein, Jim	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top		rel outside of Texas. Complete Schedule T.
EXPENDITURE			et outside of Texas. Complete Schedule 1. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name	Office sought	Office held
experiorale to benefit C/C	Campos, Sylvia	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY

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 Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 67/70 Rpt:	TCE VoteClean.org 00088639
4 Date	5 Payee name
09/12/2024	Torres
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$576.80	3302 Casa Bonita Dr
Expenditure from corporate funds	Corpus Christi, TX 78411
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Salary to support the campaigns without the
	candidates knowledge or consent
O Complete CNU V St. allin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H Kloin Jim CORDUS CHRISTI CITY CORDUS CHRISTI CITY
	H Klein, Jim CORPUS CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY
Date	
Dale	Payee name (see previous)
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EAFENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Araiza, Isabel CORPUS CHRISTI MAYOR

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide ex	xplains how to complete this for	rm.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 68/70 Rpt:	TCE VoteClean.org		00088639	
4 Date	5 Payee name		•	
	(see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
— Forestitus from				
Expenditure from corporate funds				
8 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Descripti	ion	
OF EXPENDITURE			if travel outside of Texas. Con	
_/		Check	if Austin, TX, officeholder living	g expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office h	eld
expenditure to benefit C/O		CORPUS CHRISTI C		ciu
Date				
Date	Payee name (see previous)			
Amount (¢)	, , ,	State; Zip Code		
Amount (\$)	Payee address; City;	State, Zip Code		
Expenditure from				
corporate funds		la,		
PURPOSE OF	(a) Category (See Categories listed at the top of	·	ion if travel outside of Texas. Con	anlata Sahadula T
EXPENDITURE		<u> </u>	if Austin, TX, officeholder living	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office h	eld
expenditure to benefit C/O	^H Caballero, Rachel	CORPUS CHRISTI C	CITY	
Date	Payee name			
09/26/2024	Torres			
Amount (\$)	Payee address; City;	State; Zip Code		
\$576.80	3302 Casa Bonita Dr			
Expenditure from corporate funds	Corpus Christi, TX 78411			
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Descripti	ion	
OF EXPENDITURE	Salaries/Wages/Contract Labor	, <u> </u>	if travel outside of Texas. Con	nplete Schedule T.
EXPENDITORE	_		if Austin, TX, officeholder living	
			to support the campa ates knowledge or co	
One and the ONE Wife disease	One distante (Office le aldere record			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H Klein, Jim	Office sought CORPUS CHRISTI C	Office h	eia JS CHRISTI CITY
	Neili, Jiili		CORF.	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 69/70 Rpt:	TCE VoteClean.org 00088639	
4	Date	5 Payee name	_
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY	
_	Date	Payee name	_
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	_
	γ πιοσιπ (φ)	Layou address, City, Cato, Lip Code	
	Expenditure from corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Creek it Austin, 17, officeriolider living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	Araiza, Isabel CORPUS CHRISTI MAYOR	
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	_
	Amount (ψ)	rayee address, City, State, 2p Code	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	LAI ENDITORE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OH		
			_

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salarie The Instruction Guide explains how to	complete this form. OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 70/70 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name	I
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
(,)	.g	
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	_ (Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office s	
expenditure to benefit C/OI	Caballero, Rachel CORP	US CHRISTI CITY
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
(+)	- ay a a a a a a a a a a a a a a a a a a	
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Commission ONLL V if disease	Candidata/Office helder record	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s McKay, Eli CORP	ought Office held US CHRISTI CITY
·	Wickay, Ell CORP	US CHRISTI CITT
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
•	(a) 0-4	(h) December
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office s	
expenditure to benefit C/O	1	US CHRISTI CITY
	<u> </u>	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 1/75 Rpt: 77/151	TCE VoteClean.org	l		00088639			
4 CREDIT CARD ISSUER		ncial institution amp	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$119.29	09/24/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Amazon		440 Terry Ave N				
			Seattle, WA 98109				
8 PURPOSE OF	(a) Category	-6 Abi b ab- b- b	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Credit Card Payment	or triis scriedule)	Advocacy efforts to suppo without the candidate's kr	ort the campaign of Jim Klein nowledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI CITY	CORPUS CHRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$14.96	09/24/2024					
PAYEE	(a) Payee name	L	(b) Payee address;	City, State, Zip Code			
	Uber		1725 3rd St.				
			San Francisco, CA 94158				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Credit Card Payment	of this schedule)	Advocacy efforts to support the campaign of Jim Klein				
X Political	Credit Gara r dyment		without the candidate's knowledge or consent				
Non-Political	\(\frac{1}{2}\) \(\begin{array}{cccccccccccccccccccccccccccccccccccc	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH	Klein, Jim		RPUS CHRISTI CITY	CORPUS CHRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$170.00	09/24/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	TI C Cornus Emero	ency Care	7330 S Staples St				
TLC Corpus Emergency Care							
	(a) Catamani		Corpus Christi, TX 78413				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	campaign of Sylvia Campos			
X Political	Credit Card Payment		without the candidate's kr				
X Political Non-Political	() [<u> </u>				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/OH	Campos, Sylvia		e sought RPUS CHRISTI CITY	CORPUS CHRISTI CITY			
S. Portantaro to borient 0/011	Jampoo, Oyivia			2514 33 3114311 3111			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 2/75 Rpt: 78/151	TCE VoteClean.org			00088639			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT CARD	 \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
Expenditure from corporate funds	\$346.40	09/24/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	0.00		5425 S Padre Island				
	Office Depot						
			Corpus Christi, TX 78411				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Credit Card Payment	of this schedule)		ampaign of Sylvia Campos			
X Political	orean cara r ayment		without the candidate's kn	owledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	Campos, Sylvia	COF	RPUS CHRISTI CITY	CORPUS CHRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
Expenditure from corporate funds	\$113.61	09/24/2024					
DAVEE	() 5		(1) 5	0: 7: 0.1			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Sams Club		4833 S Padre Island Dr				
			Corpus Christi, TV 70411				
PURPOSE OF	(a) Category		Corpus Christi, TX 78411 (b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Advocacy to support the campaign of Jim Klein without the				
X Political	Credit Card Payment		candidate's knowledge or				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder Klein, Jim		e sought RPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY			
expenditure to benefit C/OH			•				
PAYMENT Expenditure from	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Palu			
corporate funds	\$40.00	09/24/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code			
			417 Peoples St.				
	Act Bad LLC		·				
			Corpus Christi, TX 78401				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)		ampaign of At-Large Candidates			
X Political	Credit Card Payment		without the candidate's kn	owledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX.	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held			
expenditure to benefit C/OH	Araiza, Isabel		RPUS CHRISTI MAYOR				
	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Oniceriolder/Folitica		ruction Guide explains how		omplete th		THEN (effici à calegi	ory not listed at	ove)
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Eth	ics Commiss	ion Filers)
Sch: 3/75 Rpt: 79/151	TCE VoteClean.org	TCE VoteClean.org			00088639			
4 CREDIT CARD ISSUER	_	ncial institution	5	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
Expenditure from corporate funds								
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		г	Chack if Austin TV	officeholder living ex	monco	
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce so	ught L	Check ii Austin, 17,	Office held	фензе	
expenditure to benefit C/OH	Gracia, Jennifer			•	STI CITY	555 Hold		
PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Issue	r Paid		
Expenditure from corporate funds	(4) The same of the grant of th	(5) = 1110 51 511111195		, = (=,				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion			
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ught		Office held		
expenditure to benefit C/OH	Klein, Jim	COF	RPL	IS CHRIS	STI CITY	CORPUS C	HRISTI C	ITY
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuel	Paid		
PAYEE	(a) Payee name		(h) Payee a	ddress:	City,	State,	Zip Code
	(a) · a) so ···a···s		(~	, . u,		J.13,	Stato,	p
	(see previous)							
PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce so	ught		Office held		
expenditure to benefit C/OH	Caballero, Rachel	COF	RPL	S CHRIS	STI CITY			
	ı							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 4/75 Rpt: 80/151	TCE VoteClean.org	i		00088639		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	<u>I</u> · Paid		
Expenditure from corporate funds	\$16.23	09/24/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Act Bad LLC		417 Peoples St.			
2 PURPOSE OF	(a) Cotogony		Corpus Christi, TX 78401			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description Advocacy to support the c	ampaign of At-Large Candidates		
X Political	Credit Card Payment		without the candidate's kn			
Non-Political	(*) L	of Texas. Complete Schedule T.		officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH	Araiza, Isabel		RPUS CHRISTI MAYOR	- · · ·		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	(see previous)					
PURPOSE OF	(a) Category	Construction and A	(b) Description			
EXPENDITURE	(See Categories listed at the top of	of this schedule)				
Political						
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder		ce sought Office held			
expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHRISTI CITY	5.11		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	(see previous)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH	Klein, Jim	COR	RPUS CHRISTI CITY	CORPUS CHRISTI CITY		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME 3				3 Filer ID (Ethics	Commission Filers))	
Sch: 5/75 Rpt: 81/151	TCE VoteClean.org	TCE VoteClean.org					
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Coo	de	
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expen	se		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CHRISTI CITY				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$250.00	09/24/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Coo	de	
	Paypal *Laramiefai	n	2211 N First St				
			San Jose, CA 95131				
PURPOSE OF	(a) Category	(d): 1 11)	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Credit Card Payment	or this schedule)	Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH	Araiza, Isabel		RPUS CHRISTI MAYOR				
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Coo	de	
	(see previous)						
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expen	se		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRISTI CITY				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains he	ow to complete	this form.	(*	, ,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 6/75 Rpt: 82/151	TCE VoteClean.org				00088639		
4 CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Descri	ption			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	! -	Check if Austin, TX,	officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
expenditure to benefit C/OH	Klein, Jim	CC	DRPUS CHR	ISTI CITY	CORPUS C	CHRISTI C	ITY
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption			
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	! -	Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	CC	DRPUS CHR	ISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds	\$99.92	09/24/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	HEB #253		3033 S F	Port Ave			
			Corpus (Christi, TX 78405			
PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE	(See Categories listed at the top Credit Card Payment	of this schedule)		y to support the			andidates
X Political	orean cara rayment		without t	he candidate's kr	nowledge or c	onsent	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule 1	- <u> </u>	Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	<u> </u>	Office held		
expenditure to benefit C/OH	Araiza, Isabel	CC	DRPUS CHR	ISTI MAYOR			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel out of District
OTHER (enter a category not listed above)

		The Inst	ruction Guide explains h	how to d	complete th	nis form.	(,
1	Total pages Schedule F4: 2 FILER NAME 3					3 Filer ID (Ethics Commission Filers)			
	Sch: 7/75 Rpt: 83/151	TCE VoteClean.org 0			00088639				
4	CREDIT CARD ISSUER	Name of final	ncial institution	5	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(0	c) Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds								
7	PAYEE	(a) Payee name		(b	o) Payee a	ddress;	City,	State,	Zip Code
		(see previous)							
8	PURPOSE OF	(a) Category		(b	o) Descript	ion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	_ e T.	Г	Check if Austin, TX,	officeholder living	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name O	Office so	ought		Office held		
e	expenditure to benefit C/OH	Gracia, Jennifer	C	CORPL	JS CHRIS	STI CITY			
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(0	c) Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds								
	PAYEE	(a) Payee name		(t	o) Payee a	ddress;	City,	State,	Zip Code
		(see previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(k	o) Descript	ion			
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	e T.	Γ	Check if Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name O	Office so	ought		Office held		
е	expenditure to benefit C/OH	Klein, Jim	С	CORPL	JS CHRIS	STI CITY	CORPUS	CHRISTI C	ITY
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(0	c) Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds								
	PAYEE	(a) Payee name		(b	o) Payee a	ddress;	City,	State,	Zip Code
		(see previous)							
L		() 2 :							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(t	o) Descript	ion			
	Political								
1	Non-Political	(c) Chock if traval autoida	of Texas. Complete Schedule	<u> </u>	г	Chack if Austin TV	officeholder living	ovnonco	
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	Office so		Check if Austin, TX,	Office held	evhense	
 	expenditure to benefit C/OH	Caballero, Rachel			JS CHRIS	STI CITY	Cinioc ficia		
F	, , , , , , , , , , , , , , , , , , , ,				:				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	4: 2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 8/75 Rpt: 84/151	TCE VoteClean.org)			00088639		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card Issuer	Paid		
Expenditure from corporate funds	\$750.00	09/24/2024					
7 PAYEE	(a) Payee name		(b) Payee address	;	City,	State,	Zip Code
	Paypal *Cristianolv		2211 N First St				
			San Jose, CA 95	5131			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Credit Card Payment	· ·	Advocacy to sup without the cand				andidates
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	k if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRISTI MA	AYOR			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card Issuer	· Paid		
PAYEE	(a) Payee name		(b) Payee address	1	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		k if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder		e sought	T\/	Office held		
expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHRISTI CI		Daid		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (card issuer	Palu		
PAYEE	(a) Payee name		(b) Payee address	,	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category	of this cahadula)	(b) Description				
EXPENDITURE Political	(See Categories listed at the top	or this schedule)					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	k if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI CI	TY	CORPUS C	HRISTI C	ITY

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)	
Sch: 9/75 Rpt: 85/151	TCE VoteClean.org	l		00088639			
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEN EXPENDITURES CHARGED TO A CI CARD	 \$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	I Issuer Paid			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE Political	(See Categories listed at the top	of this schedule)					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CHRISTI CITY				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	I Issuer Paid			
Expenditure from corporate funds	\$62.98	09/24/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Wal-Mart		4109 S Staples St				
			Corpus Christi, TX 7	78411			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Credit Card Payment	of this schedule)	(b) Description Advocacy to support the campaign of At-Large Candidates				
X Political	orean cara r ayment		without the candidate's knowledge or consent				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRISTI MAYO)R			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
EXPENDITURE	(See Categories listed at the top	or this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRISTI CITY				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains h	now to co	mplete tl	nis form.	(*		,
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (E	Ethics Commiss	sion Filers)
	Sch: 10/75 Rpt:	TCE VoteClean.org					00088639		
4	CREDIT CARD ISSUER	Name of finar	ncial institution	[[EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds								
7	PAYEE	(a) Payee name		(b)	Payee a	iddress;	City,	State,	Zip Code
		(see previous)							
8	PURPOSE OF	(a) Category		(b)	Descrip	tion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	<u> </u>	Г	Check if Austin, TX,	officeholder living	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sou	ght		Office held		
е	xpenditure to benefit C/OH	Klein, Jim	C	ORPUS	S CHRI	STI CITY	CORPUS	CHRISTI C	ITY
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds								
	PAYEE	(a) Payee name		(b)	Payee a	ıddress;	City,	State,	Zip Code
		(see previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Descrip	tion			
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.	Γ	Check if Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sou	ght		Office held		
е	xpenditure to benefit C/OH	Caballero, Rachel	C	ORPUS	CHRI	STI CITY			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$36.72	09/24/2024						
	PAYEE	(a) Payee name		(b)	Payee a	ddress;	City,	State,	Zip Code
		\Mal Mart		41	09 S St	aples St			
		Wal-Mart							
						hristi, TX 78411			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ` '	Descript		anan al · f	A+ 1 a 0	a m ali al c +
		Credit Card Payment				to support the c e candidate's kn			anuluates
	X Political					_ 5aa.aa.o 5 Ki			
	Non-Political	1	of Texas. Complete Schedule		[Check if Austin, TX,		expense	
	Complete ONLY if direct	Candidate/Officeholder		ffice sou	•		Office held		
е	xpenditure to benefit C/OH	Araiza, Isabel	C	ORPUS	S CHRI	STI MAYOR			
l									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Candidate/Officeriolide//Folitica		ruction Guide explains ho	w to complete th		THEN (elliel a caley	ory not listed at	bove)
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·			3 Filer ID (Etl	nics Commiss	sion Filers)
Sch: 11/75 Rpt:	TCE VoteClean.org	1			00088639		,
4 CREDIT CARD ISSUER	_	ncial institution	EXPEND	DF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held	<u> </u>	
expenditure to benefit C/OH	Gracia, Jennifer	CO	RPUS CHRIS	STI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held	<u> </u>	
expenditure to benefit C/OH	Klein, Jim	CO	RPUS CHRIS	STI CITY	CORPUS C	CHRISTI C	ITY
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	_	Office held		
expenditure to benefit C/OH	Caballero, Rachel	CO	RPUS CHRIS	STI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	v to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 12/75 Rpt:	TCE VoteClean.org	J			00088639		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	Expenditure from corporate funds	\$95.00	08/26/2024					
7	PAYEE	(a) Payee name Expedia 72905558	566866		address; pedia Group Wag WA 98119	City, y W	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE X Political	(See Categories listed at the top Credit Card Payment	of this schedule)	Advocac	y to support the he candidate's k			andidates
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	kpense	
9	Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
е	expenditure to benefit C/OH	Araiza, Isabel	СО	RPUS CHR	RISTI MAYOR			
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption			
	Political							
	Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	kpense	
	Complete ONLY if direct	Candidate/Officeholder		ce sought	NCTI OITV	Office held		
е	expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHR		5 : 1		
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption			
1	Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living ex	kpense	
	Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
e	expenditure to benefit C/OH	Klein, Jim	CO	RPUS CHR	RISTI CITY	CORPUS C	CHRISTI C	ITY
Г		•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeriolide//Folitica	ů.	uction Guide explains ho	· ·	THEN (enter a category not listed abt	ove)
1 Total pages Schedule F4:		·	·	3 Filer ID (Ethics Commissi	on Filers)
Sch: 13/75 Rpt:	TCE VoteClean.org			00088639	,
4 CREDIT CARD ISSUER	Name of finan	cial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from corporate funds					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	(see previous)				
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top of	of this schedule)			
Political					
Non-Political	(c) Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held	
expenditure to benefit C/OH	Caballero, Rachel	CO	RPUS CHRISTI CITY		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from corporate funds	\$39.97	08/27/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Uber		1725 3rd St.		
			San Francisco, CA 94158	3	
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top of Credit Card Payment	f this schedule)	Advocacy to support the		ndidates
X Political			without the candidate's kr	lowledge of consent	
Non-Political	(c) Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held	
expenditure to benefit C/OH	Araiza, Isabel		RPUS CHRISTI MAYOR		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
Expenditure from corporate funds					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	(see previous)				
	(see previous)				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
Political					
Non-Political	(c) Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held	
expenditure to benefit C/OH	Gracia, Jennifer	CO	RPUS CHRISTI CITY		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	v to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 14/75 Rpt:	TCE VoteClean.org	I		00088639			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds							
7 PAYEE	(a) Payee name (see previous)		(b) Payee address;	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living ex	nense		
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce sought	Office held	perioe		
expenditure to benefit C/OH	Klein, Jim		RPUS CHRISTI CITY CORPUS CHRISTI CITY				
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Non-Political	(a) Chapte if traval autoids	of Toyon Complete Cohodule T	Chook if Austin TV	officebolder living av			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	office held	pense		
expenditure to benefit C/OH	Caballero, Rachel		RPUS CHRISTI CITY	Ccc 1.c.u			
PAYMENT		(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$21.81	08/27/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Stellar News ST2861		8500 Essington Ave				
			Philadelphia, PA 19153				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description		_		
EXPENDITURE X Political	Credit Card Payment	or this schedule)	Advocacy to support the o without the candidate's kr			andidates	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder Araiza, Isabel		ce sought RPUS CHRISTI MAYOR	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to comple	te this form.	(,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 15/75 Rpt:	TCE VoteClean.org	I			00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXP	AL OF UNITEMIZED ENDITURES RGED TO A CREDIT D	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	er Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Paye	ee address;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Desc	cription			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	, officeholder living ex	/nense	
9 Complete ONLY if direct	Candidate/Officeholder	<u>'</u>	e sought	Oneck ii / tustin, 1/k	Office held	фензе	
expenditure to benefit C/OH	Gracia, Jennifer		•	IRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	er Paid		
Expenditure from corporate funds				. ,			
PAYEE	(a) Payee name		(b) Paye	ee address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Desc	cription			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	rpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Klein, Jim	COF		IRISTI CITY	CORPUS C	HRISTI C	ITY
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name		(b) Paye	ee address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category		(b) Desc	cription			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	rpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CH	IRISTI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			;	3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 16/75 Rpt:	TCE VoteClean.org	J			00088639		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITI EXPENDITURES CHARGED TO A CARD	s	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer I	Paid		
Expenditure from corporate funds	\$300.00	08/27/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
	Rent a Car 4 Less		3901 Nw 28th St				
			Miami, FL 33142				
8 PURPOSE OF	(a) Category	(d: 1 11)	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Credit Card Payment		Advocacy to supp without the candic				andidates
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	f Austin, TX, of	fficeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRISTI MA	YOR			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer I	Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	f Austin, TX, of	fficeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRISTI CIT	Υ			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer I	Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	f Austin, TX, of	fficeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI CIT	Υ	CORPUS CH	HRISTI C	ITY

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 17/75 Rpt:	TCE VoteClean.org	I		00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDICARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid		
Expenditure from corporate funds						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)				
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	Caballero, Rachel	COR	PUS CHRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid		
Expenditure from corporate funds	\$139.93	08/27/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Rent a Car 4 Less		3901 Nw 28th St			
			Miami, FL 33142			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Credit Card Payment	of this schedule)	Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	Araiza, Isabel	COR	RPUS CHRISTI MAYOR			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	Gracia, Jennifer	COR	RPUS CHRISTI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 18/75 Rpt:	TCE VoteClean.org	I			00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRIS	STI CITY	CORPUS	CHRISTI C	ITY
PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Po			r Paid			
Expenditure from corporate funds	.,						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CHRIS	STI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$19.81	08/27/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			1415 Murr	ay Bay St.			
	Cascabel						
			Houston,	TX 77080			
PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top Credit Card Payment			to support the c			andidates
X Political	Credit Card Fayment		without the	e candidate's kn	owledge or d	consent	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. г	Check if Austin, TX,	officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRIS	STI MAYOR			
	I						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complet	te this form.	(9	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 19/75 Rpt:	TCE VoteClean.org	I			00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPE	AL OF UNITEMIZED ENDITURES RGED TO A CREDIT O	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	r Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Desc	ription			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Chack if Austin TX	officeholder living ex	/nense	
9 Complete ONLY if direct	Candidate/Officeholder	<u>'</u>	e sought	Gricok ii 7 kaskiri, 174,	Office held	фензе	
expenditure to benefit C/OH	Gracia, Jennifer		•	RISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	r Paid		
Expenditure from corporate funds				` ,			
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Desc	ription			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	kpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Klein, Jim	COF		RISTI CITY	CORPUS C	HRISTI C	ITY
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date	(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category		(b) Desc	ription			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CH	RISTI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 20/75 Rpt:	TCE VoteClean.org	l			00088639		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
Expenditure from corporate funds	\$21.65	08/31/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Best Western Corp	us Christi		oreline Blvd			
	() 0 :		<u> </u>	nristi, TX 78704			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Credit Card Payment	of this schedule)		to support the c e candidate's kn			andidates
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRIS	STI MAYOR			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuei	r Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living ex	nense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHRIS	STI CITY			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuei	r Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Klein, Jim CORPUS CHRISTI CITY CORPUS CH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 21/75 Rpt:	TCE VoteClean.org	J			00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPENDI	UNITEMIZED TURES TO A CREDIT	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Description	n			
EXPENDITURE Political	(See Categories listed at the top	of this schedule)					
Non-Political	(c) Silver autor susuae or roman sompres sometime :				officeholder living exp	ense	
9 Complete ONLY if direct					Office held		
expenditure to benefit C/OH	Caballero, Rachel	RPUS CHRISTI CITY					
PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			Paid			
Expenditure from corporate funds	\$43.01	09/01/2024					
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	HEB #462		3033 S. Po	rt St.			
				isti, TX 78405			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description Advenger to support the compaign of At Large Condidates				
X Political	Credit Card Payment		Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent				andidates
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRIS	TI MAYOR			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category		(b) Description	n			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>.</u>	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRIS	TI CITY			
	•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains ho	w to complete this form.			,	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Sch: 22/75 Rpt:	TCE VoteClean.org	1		00088639			
4 CREDIT CARD ISSUER	_	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. T.	X, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder	•	ce sought	Office held	<u> </u>		
expenditure to benefit C/OH	Klein, Jim	СО	PRPUS CHRISTI CITY CORPUS CHRISTI CITY				
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issu	er Paid			
Expenditure from corporate funds							
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held			
expenditure to benefit C/OH	Caballero, Rachel	CO	RPUS CHRISTI CITY				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
Expenditure from corporate funds	\$36.18	09/01/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1599 FM 136				
	Bayside Mini-Mart						
			Bayside, TX 78340				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Credit Card Payment		Advocacy to support the			ndidates	
X Political	and raymont		without the candidate's k	anowleage or (consent		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held			
expenditure to benefit C/OH	Araiza, Isabel	СО	RPUS CHRISTI MAYOR				
•							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains he	ow to complete	this form.	(*	3.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 23/75 Rpt:	TCE VoteClean.org	J			00088639		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Descri	ption			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule 1	 	Check if Austin, TX,	officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	fice sought		Office held		
expenditure to benefit C/OH	Gracia, Jennifer	CC	ORPUS CHR	ISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	otion			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule 1	_	Check if Austin, TX,	officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
expenditure to benefit C/OH	Klein, Jim	CC	DRPUS CHR	ISTI CITY	CORPUS	CHRISTI C	ITY
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	otion			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule 1	 Г.	Check if Austin, TX,	officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	fice sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	CC	ORPUS CHR	ISTI CITY			
	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 24/75 Rpt:	TCE VoteClean.org]		00088639		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	 \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Paid		
Expenditure from corporate funds	\$25.58	09/01/2024				
7 PAYEE	(a) Payee name Shell Oil 57543426	704	(b) Payee address; 3936 Kirby Dr	City,	State,	Zip Code
	() 0 :		Houston, TX 77098			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	4l		1: -1 4
X Political	Credit Card Payment		Advocacy to support without the candidate			anuluales
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex	<pre>cpense</pre>	
			e sought	Office held		
expenditure to benefit C/OH Araiza, Isabel CORPUS			RPUS CHRISTI MAYOF	₹		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Non-Political						
	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	tin, TX, officeholder living ex	cpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder Gracia, Jennifer		e sought RPUS CHRISTI CITY	Office held		
	· · · · · · · · · · · · · · · · · · ·			Januar Daid		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	issuel Palu		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex	rpense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI CITY	CORPUS C	:HRISTI C	ITY

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.		,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics (Commission Filers)		
Sch: 25/75 Rpt:	TCE VoteClean.org	I		00088639			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code		
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expens	se		
			e sought	Office held			
·			RPUS CHRISTI CITY				
PAYMENT (a) Amount Charged (b) Date of Charge (c)			(c) Date(s) Credit Card Issue	er Paid			
Expenditure from corporate funds	\$41.19	09/02/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code		
	Curb Phl Taxi		11-11 34th St.				
			Astoria, NY 11106				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Credit Card Payment	of this schedule)	Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expens	se		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRISTI MAYOR				
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code		
TAILL	(a) Fayee name		(b) Payee address,	City,	State, Zip Code		
	(see previous)						
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE 	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expens	se		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRISTI CITY				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains hov	v to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)
Sch: 26/75 Rpt:	TCE VoteClean.org	I			00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political	Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX	, officeholder living	expense	
9 Complete ONLY if direct	Lif direct Candidate/Officeholder name Office sought			Office held			
expenditure to benefit C/OH				STI CITY	CORPUS	CHRISTI C	ITY
PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer F				er Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	СО	RPUS CHRIS	STI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
Expenditure from corporate funds	\$10.17	08/15/2024					
PAYEE	(a) Payee name	-	(b) Payee a	ddress;	City,	State,	Zip Code
	7-Eleven 36273		3550 Fara	a W Blvd			
			Aughin Th	/ 70701			
DUDDOOF OF	(a) Catagony		(b) Descript				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		to support the	campaign of	Δt-Large Ca	andidates
X Political	Credit Card Payment			e candidate's ki			liuluales
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin. TX	, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	·	ce sought		Office held	61.11	
expenditure to benefit C/OH	Campos, Sylvia		RPUS CHRIS	STI CITY		CHRISTI C	ITY
·	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commissi	on Filers)		
	Sch: 27/75 Rpt:	TCE VoteClean.org	l			00088639				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	Expenditure from corporate funds	\$220.83	08/15/2024							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Office Depot #468			adr Island Dr #15	51				
Ļ		() 0 :			nristi, TX 78411					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Credit Card Payment	of this schedule)		to support the c e candidate's kn			ndidates		
				Check if Austin, TX,	officeholder living exp	oense				
9	Complete ONLY if direct			Office held						
е	xpenditure to benefit C/OH	enefit C/OH Campos, Sylvia CORPUS CHRISTI CITY			CORPUS CHRISTI CITY					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	⁻ Paid				
	Expenditure from corporate funds	\$261.78	08/16/2024							
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
		Priceln*Emerald Be	each	1102 S Sh	noreline Blvd					
L				Corpus Cl	nristi, TX 78401					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Credit Card Payment	of this schedule)	(b) Description Advocacy to support the campaign of At-Large Candida without the candidate's knowledge or consent			ndidates			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	oense			
H	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held				
е	xpenditure to benefit C/OH	Campos, Sylvia	CC	RPUS CHRIS	STI CITY	CORPUS C	HRISTI CI	TY		
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$136.37	(b) Date of Charge 08/17/2024	(c) Date(s)	Credit Card Issuer	[*] Paid				
Г	PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code		
		Priceln*Emerald Be	each		noreline Blvd nristi, TX 78401					
H	PURPOSE OF	(a) Category		(b) Descript						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Advocacy	to support the c			ndidates		
	x Political	Credit Card Payment		without the	e candidate's kn	owledge or co	nsent			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	- Γ	Check if Austin, TX,	officeholder living exp	pense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
е	xpenditure to benefit C/OH	Campos, Sylvia	CC	RPUS CHRI	STI CITY	CORPUS C	HRISTI CI	TY		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains h	ow to comp	lete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 28/75 Rpt:	TCE VoteClean.org	l				00088639		
4	CREDIT CARD	Name of final	ncial institution			F UNITEMIZED	.		
	ISSUER	see pi	revious		ARGE	ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dat	e(s) (Credit Card Issuer	Paid		
	Expenditure from corporate funds	\$13.12	08/17/2024						
7	PAYEE	(a) Payee name		(b) Pay	yee a	ddress;	City,	State,	Zip Code
		Starbucks 11943		3738	S Sta	aples St			
L		Corpus Christi, TX 78411							
8	PURPOSE OF EXPENDITURE								
	X Political	Credit Card Payment without the candidate's ki						andidates	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	т.		Check if Austin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought			Office held		
е	expenditure to benefit C/OH	Campos, Sylvia	C	ORPUS C	HRIS	STI CITY	CORPUS C	HRISTI C	ITY
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dat	e(s) (Credit Card Issuer	Paid		
	Expenditure from corporate funds	\$4.32	08/17/2024						
	PAYEE	(a) Payee name	•	(b) Pay	yee a	ddress;	City,	State,	Zip Code
		Circle K		1902	Bald	win Blvd			
				Corpu	ıs Ch	risti, TX 78404			
	PURPOSE OF	(a) Category	of Abic colonyly	(b) De:					
	EXPENDITURE	(See Categories listed at the top Credit Card Payment	or this schedule)	Advocacy to support the campaign of At-Large Candidates				andidates	
	X Political			WILLIO	without the candidate's knowledge or consent				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule			Check if Austin, TX,		pense	
	Complete ONLY if direct	Candidate/Officeholder		ffice sought		STI OITY	Office held	LIDICTLO	1777
е	expenditure to benefit C/OH	Campos, Sylvia		ORPUS C			CORPUS C	HRISTIC	II Y
	PAYMENT Expenditure from	(a) Amount Charged	(b) Date of Charge	(c) Dat	e(s) (Credit Card Issuer	Paid		
	corporate funds	\$37.99	09/24/2024						
	PAYEE	(a) Payee name		(b) Pay	yee a	ddress;	City,	State,	Zip Code
l		Amazon		440 T	erry	Ave N			
		Amazon							
L		() 2 :				A 98109			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) De				6 7: 1	IZI a i a
	_	Credit Card Payment	ourisdate)			efforts to suppo candidate's kn			Kiein
1	X Political			VVICIO		, Janaidate J Mi			
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule			Check if Austin, TX,		pense	
	Complete ONLY if direct						IT) (
E	expenditure to benefit C/OH	Klein, Jim	Co	ORPUS C	HRIS	STICITY	CORPUS C	HRISTI C	11 Y
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 29/75 Rpt:	TCE VoteClean.org	l			00088639						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
X Expenditure from corporate funds	\$176.66	08/21/2024									
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	Office Depot #70			adre Island Dr#	151						
			<u> </u>	nristi, TX 78411							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript								
X Political	Printing Expense	or this soriedule)		efforts to suppo e candidate's kn			Klein				
				officeholder living expe	ense						
9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held								
expenditure to benefit C/OH				Corpus Chris	ti City Co	ouncil					
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	[*] Paid						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	(see previous)										
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion							
Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH	Klein, Jim	Corp	us Christi C	ity Council							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
X Expenditure from corporate funds	\$6.99	08/21/2024									
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code				
	Circle K		1902 Bald	win Blvd							
	Circle IX										
	() 0 :		<u> </u>	nristi, TX 78404							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	on efforts to suppo	et the compaign	of lim I	Vloin				
X Political	Travel In District	· · · · · · · · · · · · · · · · · · ·		e candidate's kn			Klein				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		· · · · · · · · · · · · · · · · · · ·				
expenditure to benefit C/OH	Campos, Sylvia				Corpus Chris	ti City Co	ouncil				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)		
	Sch: 30/75 Rpt:	TCE VoteClean.org	I			00088639				
4	CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$				
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	· Paid				
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		(see previous)								
8	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse			
9	Complete ONLY if direct					Office held				
e	xpenditure to benefit C/OH	Klein, Jim Corpus Christi City Council								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
	Expenditure from corporate funds	\$33.87	08/21/2024							
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
		Circle K		1902 Baldv	win Blvd					
				Corpus Christi, TX 78404						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Advocacy efforts to support the campaign of Jim Klein without the candidate's knowledge or consent				Klein		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	F	7 Check if Austin TX	officeholder living expe	nso			
	Complete ONLY if direct	Candidate/Officeholder		sought	Griccic ii 7 tastiri, 17X,	Office held	1150			
e	xpenditure to benefit C/OH	Campos, Sylvia				Corpus Christ	i City Co	ouncil		
	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	· Paid				
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Descripti	on					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse			
	Complete ONLY if direct	Candidate/Officeholder		sought		Office held				
e	xpenditure to benefit C/OH	Klein, Jim	Corp	us Christi Ci	ity Council					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Inst	ruction Guide explains how	to complete this	s form.				
chedule F4: 2 FILER NAME					cs Commiss	sion Filers)	
TCE VoteClean.org	J			00088639			
		EXPENDI	TURES	\$			
(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
\$293.34	08/21/2024						
(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
A internals		888 Branna	an St.				
Airbnb							
		San Francis	sco, CA 94103				
(a) Category	of this sahadula)	1 ` ′ .					
Travel In District	or this scriedule)						
			Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
OH Campos, Sylvia				Corpus Chris	ti City Co	ouncil	
(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code	
(see previous)							
(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on				
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Candidate/Officeholder	name Offic	e sought	-	Office held			
Klein, Jim	Corp	ous Christi Cit	ty Council				
(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
\$313.93	08/21/2024						
(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code	
000		1737 S Sta	ples				
Office Depot							
		Corpus Chi	risti, TX 78404				
(a) Category							
1 ' '	of this schedule)					Klein	
		without the	canuluale's KN	owieuge or cor	ISEIIL		
(c) Check if travel outside		Check if Austin, TX.	officeholder living exp	ense			
(c) Greek il travel odiside		<u> </u>					
Candidate/Officeholder Campos, Sylvia	<u>`</u>	e sought	<u> </u>	Office held Corpus Chris			
	2 FILER NAME TCE VoteClean.org Name of fina see p (a) Amount Charged \$293.34 (a) Payee name Airbnb (a) Category (See Categories listed at the top Travel In District (c) Check if travel outside Candidate/Officeholder Campos, Sylvia (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top Candidate/Officeholder Klein, Jim (a) Amount Charged \$313.93 (a) Payee name Office Depot (a) Category (See Categories listed at the top Printing Expense	Piller NAME TCE VoteClean.org Name of financial institution see previous (a) Amount Charged \$293.34 (b) Date of Charge \$293.34 (a) Payee name Airbnb (a) Category (See Categories listed at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Campos, Sylvia (a) Amount Charged (b) Date of Charge (a) Payee name (see previous) (a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (see Depote Schedule T. Candidate/Officeholder name Office Depot (a) Payee name Office Depot (a) Category (See Categories listed at the top of this schedule) (a) Payee name Office Depot	TCE VoteClean.org	Name of financial institution see previous Sae previous	2 FILER NAME TCE VoteClean.org Name of financial institution see previous Stan Francisco Carpo	2 FILER NAME TCE VoteClean.org Name of financial institution see previous Samount Charged S293.34 Size O8/21/2024 Samount Charged S293.34 Size O8/21/2024 Samount Charged Samount Charged	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.		,	,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 32/75 Rpt:	TCE VoteClean.org	I		00088639				
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
Expenditure from corporate funds								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
			e sought	Office held				
expenditure to benefit C/OH								
			(c) Date(s) Credit Card Issue	er Paid				
X Expenditure from corporate funds	\$220.18	08/21/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Target		5425 S Padre Island Dr S	STE 125				
			Corpus Christi, TX 78411	Corpus Christi, TX 78411				
PURPOSE OF	(a) Category	-f.4b-ibd-1-)	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Advocacy efforts to support the campaign of Jim Klein without the candidate's knowledge or consent					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	Campos, Sylvia			Corpus Chris	ti City Co	ouncil		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
PAYEE	(a) Payee name	-	(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH	Klein, Jim	Corp	ous Christi City Council					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
Sch: 33/75 Rpt:	TCE VoteClean.org	I			00088639			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
X Expenditure from corporate funds	\$35.00	08/21/2024						
7 PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code	
	Circle I/		1902 Baldy	win Blvd				
	Circle K							
			+	risti, TX 78404				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
X Political	Travel In District	or this scriedule)			port the campaign of Jim Klein knowledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	Campos, Sylvia				Corpus Christi City Council			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
Expenditure from corporate funds								
PAYEE (a) Payee name (b) I			(b) Payee ac	ldress;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on				
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
expenditure to benefit C/OH	Klein, Jim	Corp	ous Christi Ci	ty Council				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
X Expenditure from corporate funds	\$69.23	09/21/2024						
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	055 - 5		1737 S Sta	aples				
	Office Depot							
			Corpus Ch	risti, TX 78404				
PURPOSE OF	(a) Category	-f.4b-i	(b) Descripti					
EXPENDITURE	(See Categories listed at the top Printing Expense	or this schedule)		efforts to suppo			Klein	
X Political	X Political W			candidate's kn	owieuge or cor	isent		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholds				officeholder living exp	ense			
			e sought		Office held			
expenditure to benefit C/OH					Corpus Chris	iti City Co	ouncil	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)				
Sch: 34/75 Rpt:	TCE VoteClean.org	l			00088639						
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuei	r Paid						
7 PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code				
	(see previous)										
8 PURPOSE OF	(a) Category		(b) Descript	tion							
EXPENDITURE Political	(See Categories listed at the top	of this schedule)									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ī	Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held						
expenditure to benefit C/OH	Klein, Jim	Corp	ous Christi C	City Council							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid						
X Expenditure from corporate funds	\$14.73	09/21/2024									
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code					
	Valero		899 Everh	nart Rd							
			Corpus Ch	nristi, TX 78411							
PURPOSE OF	(a) Category	of this cohodula)	(b) Descript								
EXPENDITURE X Political	(See Categories listed at the top Travel In District	or triis scriedule)			port the campaign of Jim Klein knowledge or consent						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held						
expenditure to benefit C/OH	Campos, Sylvia				Corpus Chris	ti City Co	ouncil				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid						
Expenditure from corporate funds											
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	(see previous)										
PURPOSE OF (a) Category (b) Description											
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)										
Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>.</u> Г	Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held						
expenditure to benefit C/OH	Klein, Jim	Corp	ous Christi C	City Council							
	•										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
	Sch: 35/75 Rpt:	TCE VoteClean.org	J			00088639			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid			
	X Expenditure from corporate funds	\$35.00	09/21/2024						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		7-Eleven		3550 Far \	W Blvd				
				Austin, TX					
8	PURPOSE OF	(a) Category	-f.d-:	(b) Descripti					
	EXPENDITURE X Political	(See Categories listed at the top Travel In District	or triis scriedule)			pport the campaign of Jim Klein s knowledge or consent			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH	Campos, Sylvia				Corpus Chris	sti City Co	ouncil	
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid			
	PAYEE	(a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion				
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
е	expenditure to benefit C/OH	Klein, Jim	Corp	us Christi C	ity Council				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid			
	X Expenditure from corporate funds	\$206.59	09/21/2024						
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		A independen		888 Brann	an St.				
		Airbnb							
					isco, CA 94103				
	PURPOSE OF	(a) Category	-f.4b-i	(b) Descripti					
	EXPENDITURE				efforts to suppo			Klein	
	X Political	cal ravel in District without the candidat		e candidate's Kn	owieuge or col	isent			
1	Non-Political	-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin			Check if Austin, TX,	stin, TX, officeholder living expense			
	Complete ONLY if direct	mplete ONLY if direct Candidate/Officeholder name Office sought				Office held			
е	expenditure to benefit C/OH				Corpus Chris	sti City Co	ouncil		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(3 -	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 36/75 Rpt:	TCE VoteClean.org	l			00088639		
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l	Check if Austin, TX,	officeholder living ex	oense	
9	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
e	expenditure to benefit C/OH	Klein, Jim	Corp	us Christi	City Council			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	X Expenditure from corporate funds	\$37.15	09/21/2024					
	PAYEE	(a) Payee name (b) Payee address;				City,	State,	Zip Code
		Sunoco		4301 Kos	storyz Rd			
				Corpus C	Christi, TX 78415			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Travel In District	of this scriedule)		y efforts to suppo ne candidate's kn			Klein
	X Political			Without ti	ie candidate s kri	lowledge of co	iiseiit	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense	
l	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH	Campos, Sylvia				Corpus Chri	sti City Co	ouncil
l	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
L	DUDDOCE CE	(a) Catagory		(b) Door	ation			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	JUUH			
	Political							
	Non-Political	(a) D as 7 iii ii ii ii				·		
\vdash	Ш	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	Office hold	oense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder Klein, Jim		e sought ous Christi	City Council	Office held		
F	Aperialitate to beliefft C/On	Ricin, Jim	Cork	ous Cillisti	City Couriei			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains ho	w to complete	this form	n.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 37/75 Rpt:	TCE VoteClean.org	ı				00088639		
4	CREDIT CARD	Name of final	ncial institution			ITEMIZED			
	ISSUER	see pi	revious		NDITUR GED TO	ES A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issue	r Paid		
	X Expenditure from corporate funds	\$15.00	09/21/2024						
7	PAYEE	(a) Payee name		(b) Payee	addres	S;	City,	State,	Zip Code
		Villa Del Sol		3938 Sເ	ırfside E	Blvd			
L						TX 78402			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descr	•				
	X Political	Food/Beverage Expe	•				ort the campa nowledge or o		Klein
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T		Che	ck if Austin, TX,	officeholder living	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought			Office held		
е	expenditure to benefit C/OH	Campos, Sylvia					Corpus Ch	risti City Co	ouncil
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issue	r Paid		
	Expenditure from corporate funds								
	PAYEE	AYEE (a) Payee name (b) Payee address;			s;	City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descr	iption				
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T		Che	ck if Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder		ice sought			Office held		
е	expenditure to benefit C/OH	Klein, Jim		rpus Christi					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit	Card Issue	r Paid		
	Expenditure from corporate funds	\$11.38	09/21/2024						
	PAYEE	(a) Payee name	•	(b) Payee	addres	s;	City,	State,	Zip Code
		Sunoco		4301 Kd	storyz	Rd			
		Sunoco							
						TX 78415			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descr	•		41	.:	Z = :
	_	Travel In District					ort the campa nowledge or o		Kiein
1	X Political			without					
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T		Che	ck if Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought			Office held		
e	expenditure to benefit C/OH	Campos, Sylvia					Corpus Ch	risti City Co	ouncil
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)	
Sch: 38/75 Rpt:	TCE VoteClean.org	I			00088639			
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
7 PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code	
	(see previous)							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	F	Check if Austin, TX,	officeholder living ex	/nense		
9 Complete ONLY if direct	Candidate/Officeholder	·	<u>L</u> e sought	Crieck if Austiri, 17,	Office held	крепѕе		
expenditure to benefit C/OH	Klein, Jim		rpus Christi City Council					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid			
X Expenditure from corporate funds	\$353.78	09/21/2024						
PAYEE	PAYEE (a) Payee name			ddress;	City,	State,	Zip Code	
	Airbnb		888 Brann	an St.				
			San Franc	isco, CA 94103				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)		efforts to suppo	port the campaign of Jim Klein knowledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living ex	rpense		
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held	<u> </u>		
expenditure to benefit C/OH	Campos, Sylvia				Corpus Chr	isti City Co	ouncil	
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid			
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF								
EXPENDITURE	NDITURE (See Categories listed at the top of this schedule)							
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense		
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
expenditure to benefit C/OH	Klein, Jim	Corp	ous Christi C	ity Council				
	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 39/75 Rpt:	TCE VoteClean.org	l			00088639						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
X Expenditure from corporate funds	\$8.93	09/21/2024									
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code				
	Sunoco		4301 Kost	oryz Rd							
			Cornus Ch	nristi, TX 78415							
8 PURPOSE OF	(a) Category		(b) Descript								
EXPENDITURE	(See Categories listed at the top	of this schedule)		efforts to suppo	rt the campaig	n of Jim I	Klein				
X Political	Travel In District				knowledge or consent						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH	Campos, Sylvia				Corpus Chris	ti City Co	ouncil				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
Expenditure from corporate funds											
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code					
	(see previous)										
PURPOSE OF	(a) Category		(b) Descript	ion							
EXPENDITURE	(See Categories listed at the top	of this schedule)									
Political											
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held						
expenditure to benefit C/OH	Klein, Jim	·	us Christi C								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
X Expenditure from corporate funds	\$12.79	09/21/2024									
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
			115 E Mai	n St							
	Calendly										
			Buford, G	A 30518							
PURPOSE OF (a) Category (b) Description											
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense without the candidate's						Klein				
X Political	al Office Overnead/Rental Expense without the candidate's knowle				owieuge or cor	isent					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
Complete Otter in the con-				Office held							
expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council						ouncil					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)			
	Sch: 40/75 Rpt:	TCE VoteClean.org	I			00088639					
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$					
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		(see previous)									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion						
	Political										
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living expe	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
e	xpenditure to benefit C/OH	Klein, Jim	Corp	ous Christi	City Council						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
	Expenditure from corporate funds	\$42.23	09/21/2024								
	PAYEE (a) Payee name (b) Payee add					City,	State,	Zip Code			
		Snappy Food #9		809 W A	amo St						
				Refugio,	TX 78377						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip							
	X Political	Travel In District	or triis scriedule)	Advocacy efforts to support the campaign of Jim Klein without the candidate's knowledge or consent							
	Non-Political	(a) Charle if traval autoida	of Toyon, Complete Cabadula T		Charle if Austin TV	office holder living over					
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, 1X,	officeholder living expe	ense				
l e	xpenditure to benefit C/OH	Campos, Sylvia	name ome	c sought		Corpus Chris	ti Citv Co	ouncil			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	·					
	Expenditure from corporate funds										
H	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code			
		(see previous)									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion						
	Political										
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living expe	ense				
Г	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held					
e	xpenditure to benefit C/OH	Klein, Jim	Corp	ous Christi	City Council						
Г											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form	m.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 41/75 Rpt:	TCE VoteClean.org	J			00088639		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITURI CHARGED TO CARD	ES :	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
X Expenditure from corporate funds	\$40.30	09/21/2024					
7 PAYEE	(a) Payee name		(b) Payee address	s;	City,	State,	Zip Code
	Sunoco		301 IH 37 Acce				
			Corpus Christi,	TX 78401			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Advocacy effort without the cane				Klein
X Political			Without the carr	diddic 5 kirc			
Non-Political	<u> </u>	of Texas. Complete Schedule T.		ck if Austin, TX, o	fficeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held	ti City C	انمسنا
expenditure to benefit C/OH	Campos, Sylvia	(h) Data of Charge	(a) Data(a) Gradit	Cand lasses	Corpus Chris	li City Ct	Duncii
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Palu		
PAYEE (a) Payee name			(b) Payee address	s;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, o	fficeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH	Klein, Jim		ous Christi City Co				
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$108.25	(b) Date of Charge 09/21/2024	(c) Date(s) Credit	Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee address	s [·]	City,	State,	Zip Code
			1737 S Staples		0.0,	Otolio,	p
	Office Depot						
			Corpus Christi,	TX 78404			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Advocacy effort				Klein
X Political	Office Overhead/Rental Expense			aidate's kno	owledge or con	isent	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, o	fficeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Coun					ouncil		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete tl	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
	Sch: 42/75 Rpt:	TCE VoteClean.org	l			00088639		
4	CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuei	Paid		
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		(see previous)						
8	PURPOSE OF	(a) Category		(b) Descript	tion			
	EXPENDITURE Political	(See Categories listed at the top	of this schedule)					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
e	xpenditure to benefit C/OH	Klein, Jim	Corp	ous Christi C	City Council			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	Expenditure from corporate funds	\$120.16	09/21/2024					
	PAYEE (a) Payee name			(b) Payee a	ıddress;	City,	State,	Zip Code
		Booking.com			cht 597, 1017 CI	Ē		
					, NY 10005			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	 (b) Description Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent 				
	X Political	J 1		without th	e candidate 5 km	owieuge or cor	iserii.	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
e	xpenditure to benefit C/OH	Klein, Jim		RPUS CHRI				
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuei	⁻ Paid		
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE (See Categories listed at the top of this schedule)								
	Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held		
expenditure to benefit C/OH Araiza, Isabel CORPUS CHRISTI MAYOR				STI MAYOR				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	ı to	complete this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 43/75 Rpt:	TCE VoteClean.org	I			00088639		
4	CREDIT CARD ISSUER	Name of final	ncial institution	5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	1	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from corporate funds							
7	PAYEE	(a) Payee name		((b) Payee address;	City,	State,	Zip Code
		(see previous)						
8	PURPOSE OF	(a) Category		1	(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(a)	of Towns Committee Coloradula T		Observativité Assertius TV	- # la - lala a listina a su		
_		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Ω 0	Sought Check if Austin, 1X,	officeholder living ex	pense	
9	Complete ONLY if direct xpenditure to benefit C/OH	Gracia, Jennifer			US CHRISTI CITY	Office field		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	_	(c) Date(s) Credit Card Issue	r Daid		
	Expenditure from corporate funds	(a) Amount Chargeu	(b) Date of Charge		(c) Date(s) Credit Card Issue	i Faiu		
	PAYEE (a) Payee name (b) Payee address;				(b) Payee address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	((b) Description			
	Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e s	sought	Office held		
е	xpenditure to benefit C/OH	Caballero, Rachel	COF	RР	US CHRISTI CITY			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	((c) Date(s) Credit Card Issue	r Paid		
	X Expenditure from corporate funds	\$8.40	09/21/2024					
	PAYEE	(a) Payee name	•	((b) Payee address;	City,	State,	Zip Code
		Office Depot			5425 S Padre Island Dr S	TE 125		
					Corpus Christi, TX 78411			
	PURPOSE OF	(a) Category		((b) Description			
EXPENDITURE (See Categories listed at the top of this schedule)					Advocacy to support the o			andidates
Printing Expense			'	without the candidate's kr	owledge or co	nsent		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e s	sought	Office held		
е	expenditure to benefit C/OH Klein, Jim CORPUS CHRISTI CITY							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 44/75 Rpt:	TCE VoteClean.org	l			00088639				
4 CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Descripti	ion					
EXPENDITURE Political	(See Categories listed at the top	of this schedule)							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRISTI MAYOR						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	· Paid				
PAYEE	PAYEE (a) Payee name			ddress;	City,	State,	Zip Code		
	(see previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion					
Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRIS	STI CITY					
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	· Paid				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	(see previous)								
PURPOSE OF	(a) Category	of this schodulo)	(b) Descripti	ion					
EXPENDITURE									
Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
expenditure to benefit C/OH									
•									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)	
Sch: 45/75 Rpt:	TCE VoteClean.org	I			00088639			
4 CREDIT CARD ISSUER		ncial institution amp	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
X Expenditure from corporate funds	\$281.45	09/21/2024						
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	Office Depot			dre Island Dr S	TE 125			
0. DUDDOOF OF	(a) Catagony		(b) Description	risti, TX 78411				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	Advocacy t	to support the c	campaign of At-Large Candidates knowledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
expenditure to benefit C/OH	Klein, Jim	COR	PUS CHRIS	TI CITY				
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
PAYEE	(a) Payee name (b) Paye			ldress;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
expenditure to benefit C/OH	Araiza, Isabel		PUS CHRIS					
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	(see previous)	, ,						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description	on				
EXPENDITURE	(See Categories listed at the top	oi una scriedule)						
Political								
Non-Political	(*) —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder		e sought	TI OITY	Office held			
expenditure to benefit C/OH	efit C/OH Gracia, Jennifer CORPUS CHRISTI CITY							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains h	ow to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 46/75 Rpt:	TCE VoteClean.org	I			00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuei	r Paid		
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	г. Г	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	Caballero, Rachel CORPUS CHRISTI CITY					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
X Expenditure from corporate funds	\$399.70	09/21/2024					
PAYEE	(a) Payee name	(b) Payee a	ddress;	City,	State,	Zip Code	
	Office Depot		1737 S St	aples			
				risti, TX 78404			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Description Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent				andidates
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	<u> </u>	Check if Austin, TX,	officeholder living ex	kpense	
Complete ONLY if direct	Candidate/Officeholder		fice sought		Office held	<u> </u>	
expenditure to benefit C/OH	Klein, Jim	C	ORPUS CHRIS	STI CITY			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuei	r Paid		
PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	г. Г	Check if Austin, TX,	officeholder living ex	rpense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel	C	ORPUS CHRIS	STI MAYOR			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 Inst	ruction Guide explains how	to complete this f	orm.	(,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 47/75 Rpt:	TCE VoteClean.org	I			00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UEXPENDITUE CHARGED CARD		\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin TX	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	mook ii Addiin, 174,	Office held		
expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHRISTI	CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Па	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CHRISTI	CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid		
X Expenditure from corporate funds	\$586.19	09/21/2024					
PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code
	A :		888 Brannan	St.			
	Airbnb						
			San Francisc	o, CA 94103			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
EXPENDITURE	Travel In District	of this scriedule)			ampaign of At- owledge or co		andidates
X Political			without the Ca	anuiuale 5 KII	owieuge or col	istiil	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held	_	
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI	CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeriolide//Folitica		ruction Guide explains how	v to complete this form.	OTTLK (enter a categ	ory not listed a	bove)
1 Total pages Schedule F4:		·	·	3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 48/75 Rpt:	TCE VoteClean.org	İ		00088639		,
4 CREDIT CARD ISSUER	_	ncial institution	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	MIZED \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer Paid		
Expenditure from corporate funds						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)				
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	kpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held		
expenditure to benefit C/OH	Araiza, Isabel	СО	RPUS CHRISTI MAYO	OR		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer Paid		
Expenditure from corporate funds						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	kpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held		
expenditure to benefit C/OH	Gracia, Jennifer	CO	RPUS CHRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer Paid		
Expenditure from corporate funds						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
	(a) Cataman		(h) Decemination			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	kpense	
Complete ONLY if direct	Candidate/Officeholder	·	ce sought	Office held	•	
expenditure to benefit C/OH	Caballero, Rachel		RPUS CHRISTI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Poli				THER (enter a category not listed above)			
	The Inst	truction Guide explains hov	v to complete this form.				
1 Total pages Schedule F4	: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 49/75 Rpt:	TCE VoteClean.org	g		00088639			
4 CREDIT CARD ISSUER		ncial institution amp	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
X Expenditure from corporate funds	\$15.00	09/21/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	VILLA DEL SOL		3938 Surfside Blvd, Corp	us Christi, TX 78402			
	VILLA DEL 30L						
			Corpus Christi, TX 78402				
8 PURPOSE OF	(a) Category	7 11. 1 1 1 3	(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	·		campaign of At-Large Candidates			
X Political	T Courbeverage Expe	1130	without the candidate's kr	owledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	dule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholde	r name Offic	ce sought	Office held			
expenditure to benefit C/OI	H Klein, Jim	COI	RPUS CHRISTI CITY				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds							
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholde	r name Offic	ce sought	Office held			
expenditure to benefit C/OI	Araiza, Isabel	COI	RPUS CHRISTI MAYOR				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from							
corporate funds							
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code			
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholde	<u> </u>	ce sought	Office held			
expenditure to benefit C/OI			RPUS CHRISTI CITY				
<u> </u>	ı						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains h	ow to compl	ete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 50/75 Rpt:	TCE VoteClean.org	I				00088639		
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXP	END ARGE	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) (Credit Card Issuer	Paid		
7	PAYEE	(a) Payee name		(b) Pay	ee a	ddress;	City,	State,	Zip Code
		(see previous)							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Des	scripti	on			
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	Т.		Check if Austin, TX,	officeholder living	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought			Office held		
е	xpenditure to benefit C/OH	Caballero, Rachel	C	ORPUS CI	HRIS	STI CITY			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) (Credit Card Issuer	Paid		
	X Expenditure from corporate funds	\$421.35	09/21/2024						
	PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code		
		Office Depot			S Sta	aples			
				Corpu	is Ch	risti, TX 78404			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	Advoc	(b) Description Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent				andidates
	x Political			Withou	יוני נווכ	candidate 5 km	owieuge or t	Jonseni	
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule			Check if Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder		ffice sought			Office held		
е	xpenditure to benefit C/OH	Klein, Jim		ORPUS CI					
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) (Credit Card Issuer	Paid		
	PAYEE	(a) Payee name	•	(b) Pay	ee a	ddress;	City,	State,	Zip Code
		(see previous)							
	PURPOSE OF	(a) Category		(b) Des	cripti	ion			
	EXPENDITURE	(See Categories listed at the top	ot this schedule)						
	Political								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	Т.		Check if Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder		ffice sought			Office held		
е	xpenditure to benefit C/OH	Araiza, Isabel	C	ORPUS CI	HRIS	STI MAYOR			
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 51/75 Rpt:	TCE VoteClean.org			00088639			
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	(see previous)						
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held			
expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHRISTI CITY				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	(see previous)						
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE 	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH	Caballero, Rachel		RPUS CHRISTI CITY				
PAYMENT Expanditure from	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$16.88	09/21/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Lyft		185 Berry St, Ste 400				
	2511		San Francisco, CA 94107	,			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Travel In District	or triis scriedule)	Advocacy to support the c without the candidate's kn	campaign of At-Large Candidates			
X Political			William the candidate 3 Ki				
Non-Political	1	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI CITY				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains hov	v to complete	thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 52/75 Rpt:	TCE VoteClean.org	I				00088639		
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	NDI.	F UNITEMIZED TURES D TO A CREDIT	\$		
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) C	redit Card Issuer	Paid		
7	PAYEE	(a) Payee name		(b) Payee	ad	dress;	City,	State,	Zip Code
		(see previous)							
8	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ptic	on			
	Non-Political	(-) 🗆 a	(T. 0. 1. 0. 1. T.		_	10	<i>(</i> **		
9	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	<u>L</u>	Check if Austin, TX,	officeholder living exp Office held	ense	
	Complete ONLY if direct xpenditure to benefit C/OH	Araiza, Isabel		RPUS CHR	RIS	TI MAYOR	Office field		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid		
	Expenditure from corporate funds	, , , , , , , , , , , , , , , , , , ,	,		,				
	PAYEE	(a) Payee name	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ptic	on			
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder		ce sought			Office held		
е	xpenditure to benefit C/OH	Gracia, Jennifer		RPUS CHR					
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) C	redit Card Issuer	Paid		
Г	PAYEE	(a) Payee name	-	(b) Payee	ad	dress;	City,	State,	Zip Code
		(see previous)							
	PURPOSE OF	(a) Category		(b) Descri	ptic	on			
	EXPENDITURE	(See Categories listed at the top	ot this schedule)						
1	Political			<u></u>					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder		ce sought			Office held		
е	xpenditure to benefit C/OH	Caballero, Rachel	COI	RPUS CHR	RIS	TI CITY			
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 53/75 Rpt:	TCE VoteClean.org)			00088639		
4 CREDIT CARD ISSUER		ncial institution amp	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cı	redit Card Issuer	Paid		
X Expenditure from corporate funds	\$119.00	09/21/2024					
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	Airbnb		888 Branna				
				sco, CA 94103			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio				
X Political	Travel In District				e campaign of At-Large Candidates knowledge or consent		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH	Klein, Jim						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Ci	redit Card Issuer	· Paid		
PAYEE	(a) Payee name	(b) Payee add	dress;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio	n			
Political							
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel		RPUS CHRIS		. D.::I		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Ci	redit Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descriptio	n			
EXPENDITURE	(See Categories listed at the top	oi uiis schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH	Gracia, Jennifer	COR	RPUS CHRIS	TI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains	how to com	plete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 54/75 Rpt:	TCE VoteClean.org	l				00088639		
4 CREDIT CARD ISSUER	Name of finar	ncial institution	E) Cl	KPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) C	Credit Card Issue	r Paid		
Expenditure from corporate funds								
7 PAYEE	(a) Payee name		(b) P	ayee a	ddress;	City,	State,	Zip Code
	(see previous)							
8 PURPOSE OF	(a) Category		(b) D	escripti	on			
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	е Т.	Г	Check if Austin, TX,	officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name C	Office sough	ht	-	Office held		
expenditure to benefit C/OH	Caballero, Rachel	Caballero, Rachel CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
X Expenditure from corporate funds	\$56.11	09/21/2024						
PAYEE	(a) Payee name		(b) P	ayee a	ddress;	City,	State,	Zip Code
	Sunoco	, ,		IH 37	Access Rd			
			Corp	ous Ch	risti, TX 78401			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	` '	escripti				
EXPENDITURE	Travel In District	or tris scriedule)		Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent				andidates
X Political			VVICIT	without the candidate's knowledge of consent				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule			Check if Austin, TX,		xpense	
Complete ONLY if direct	Candidate/Officeholder		Office sough)TI OIT) (Office held		
expenditure to benefit C/OH	Klein, Jim		CORPUS			5 11		
PAYMENT Expenditure from	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
corporate funds								
PAYEE	(a) Payee name		(b) P	ayee a	ddress;	City,	State,	Zip Code
	(see previous)							
	(See previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) D	escripti	on			
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	е Т.	Γ	Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name C	Office sough	ht	_	Office held		
expenditure to benefit C/OH	Araiza, Isabel		CORPUS	CHRIS	STI MAYOR			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeriolide//Folitica	ŭ	ruction Guide explains how	· ·	THER (enter a category not listed above)			
1 Total pages Schedule F4:		·	·	3 Filer ID (Ethics Commission Filers)			
Sch: 55/75 Rpt:	TCE VoteClean.org	I		00088639			
4 CREDIT CARD ISSUER	_	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Gracia, Jennifer	Gracia, Jennifer CORPUS CHRISTI CITY					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds							
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CHRISTI CITY				
•	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
X Expenditure from corporate funds	\$5.58	09/21/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Beachside Market		1305, 1300 502 Burleson	St			
			Corpus Christi, TX 78402				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top			campaign of At-Large Candidates			
X Political	Food/Beverage Expe	1130	without the candidate's kn	nowledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI CITY				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Oniceriolaen/Folitica		ruction Guide explains how	•	THEN (enter a category not its	ieu above)			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	nmission Filers)			
Sch: 56/75 Rpt:	TCE VoteClean.org	J		00088639				
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds								
7 PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code			
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRISTI MAYOR					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code			
	(see previous)							
PURPOSE OF	(a) Category	(1)	(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHRISTI CITY					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code			
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CHRISTI CITY					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 57/75 Rpt:	TCE VoteClean.org	J		00088639		
4 CREDIT CARD ISSUER		ncial institution amp	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITATION OF THE CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
X Expenditure from corporate funds	\$454.65	09/21/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Office Depot		5425 S Padre Island Dr S			
			Corpus Christi, TX 78411			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Printing Expense	o. tilo soliodalo,	without the candidate's k	campaign of At-Large Candidates nowledge or consent		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI CITY			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
PAYEE (a) Payee name		(b) Payee address;	City, State, Zip Code			
	(see previous)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political			<u> </u>			
Non-Political	\ ¹ / ₂	of Texas. Complete Schedule T.		K, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH	Araiza, Isabel		RPUS CHRISTI MAYOR	D : 1		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	(see previous)					
PURPOSE OF	(a) Category	of this cabadula)	(b) Description			
EXPENDITURE Political	(See Categories listed at the top	of this schedule)				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRISTI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeriolider/Folitica	ŭ	uction Guide explains hov	•	THEN (enter a category not listed above)		
1 Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Commission Filers)		
Sch: 58/75 Rpt:	TCE VoteClean.org			00088639		
4 CREDIT CARD ISSUER	Name of finan	cial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
Expenditure from corporate funds						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod		
	(see previous)					
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of	of this schedule)				
Political						
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held		
expenditure to benefit C/OH	Caballero, Rachel	COI	RPUS CHRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
X Expenditure from corporate funds	\$3.25	09/21/2024				
PAYEE	PAYEE (a) Payee name			City, State, Zip Cod		
	VILLA DEL SOL		3938 Surfside Blvd, Corpus Christi, TX 78402			
			Corpus Christi, TX 78402			
PURPOSE OF	(a) Category (See Categories listed at the top of	of this calcadula)	(b) Description			
EXPENDITURE X Political	Office Overhead/Renta		Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent			
Non-Political	() [
	(c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense Office held		
Complete ONLY if direct expenditure to benefit C/OH	Klein, Jim		RPUS CHRISTI CITY	Office field		
PAYMENT	(a) Amount Charged		(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds	(d) / illiount charged	(b) Date of Gharge	(c) Date(s) Great Gard issued	11 444		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod		
	(see previous)					
	(see previous)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held		
expenditure to benefit C/OH	Araiza, Isabel	COI	RPUS CHRISTI MAYOR			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel in Printing Expense Travel O Salaries/Wages/Contract Labor OTHER

	The Instr	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME	FILER NAME					
Sch: 59/75 Rpt:	TCE VoteClean.org	l		00088639			
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuel	Paid			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	(see previous)						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Non-Political	(c) Chock if travel outside	of Texas. Complete Schedule T.	Chock if Austin TV	officeholder living expense			
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHRISTI CITY				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	(see previous)						
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH	Caballero, Rachel		RPUS CHRISTI CITY				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
X Expenditure from corporate funds	\$7.00	09/21/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Office Depot		1737 S Staples				
			Corpus Christi, TX 78404				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top			ampaign of At-Large Candidates			
X Political	Office Overhead/Rent	lai ⊏xperise	without the candidate's kn	owledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRISTI CITY				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains ho	w to complete tl	nis form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 60/75 Rpt:	TCE VoteClean.org	I			00088639	00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
Expenditure from corporate funds								
7 PAYEE	(a) Payee name		(b) Payee a	iddress;	City,	State,	Zip Code	
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	_	Office held			
expenditure to benefit C/OH	Araiza, Isabel	CO	RPUS CHRI	STI MAYOR				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	[.] Paid			
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF	(a) Category		(b) Descript	tion				
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held			
expenditure to benefit C/OH	Gracia, Jennifer	CO	RPUS CHRI	STI CITY				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	(coo provious)							
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	tion				
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	_ .	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	<u> </u>	Office held			
expenditure to benefit C/OH	Caballero, Rachel	CO	RPUS CHRI	STI CITY				
	•							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this	s form.	(9	,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)		
Sch: 61/75 Rpt:	TCE VoteClean.org	I			00088639			
4 CREDIT CARD ISSUER		ncial institution amp	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid			
X Expenditure from corporate funds	\$8.40	09/21/2024						
7 PAYEE	(a) Payee name Office Depot		(b) Payee ad 1737 S Sta	ples	City,	State,	Zip Code	
	() -			risti, TX 78404				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent	· · · · · · · · · · · · · · · · · · ·			ampaign of At-Large Candidates owledge or consent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	name Offic	e sought	_	Office held				
expenditure to benefit C/OH	RPUS CHRIS	TI CITY						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	r Paid			
PAYEE	PAYEE (a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on				
Non-Political	() 🗖			7				
	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	officeholder living ex Office held	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought RPUS CHRIS	TI MAVOD	Office field			
PAYMENT	Araiza, Isabel				r Doid			
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	Falu			
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF	(a) Category		(b) Description	on				
EXPENDITURE 	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRIS	TI CITY				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains hov	v to complete this form.				
1 Total pages Schedule	4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 62/75 Rpt:	TCE VoteClean.org	9		00088639			
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de		
	(see previous)						
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if dire	ct Candidate/Officeholde	r name Offic	Office held				
expenditure to benefit C/	OH Caballero, Rachel	COI					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
X Expenditure from corporate funds	\$32.38	09/21/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Co	de		
	Sunoco		301 IH 37 Access Rd				
			Corpus Christi, TX 78401				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Travel In District		Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent				
Non-Political		of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if dire			ce sought	Office held			
expenditure to benefit C/	·		RPUS CHRISTI CITY	- D-id			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de		
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if dire	ct Candidate/Officeholde	r name Offic	ce sought	Office held			
expenditure to benefit C/	OH Araiza, Isabel	COI	RPUS CHRISTI MAYOR				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains hov	v to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 63/75 Rpt:	TCE VoteClean.org	l			00088639		
4 CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion			
	Political						
Non-Political	(*)	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder		ce sought	CTI CITY	Office held		
expenditure to benefit C/OH	Gracia, Jennifer		RPUS CHRI		5 : 1		
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. [Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	CO	RPUS CHRI	STI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
X Expenditure from corporate funds	\$150.00	09/21/2024					
PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	A internet		888 Branr	nan St.			
	Airbnb						
			San Franc	cisco, CA 94103	1		
PURPOSE OF	(a) Category	-fabir bradula)	(b) Descrip				
EXPENDITURE	(See Categories listed at the top Travel In District	or ans scriedule)		to support the c			andidates
X Political			without th	e candidate's kn	iowieuge or co	nsent	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH	Klein, Jim	CO	RPUS CHRI	STI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains ho	ow to complete	this form.	(,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 64/75 Rpt:	TCE VoteClean.org	I			00088639		
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	. OF UNITEMIZED NDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Descri	ption			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	<u> </u>				
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	fice sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel	CC	DRPUS CHR	RISTI MAYOR			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Off	fice sought	_	Office held		
expenditure to benefit C/OH	Gracia, Jennifer	CC	DRPUS CHR	RISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption			
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	_	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	fice sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	CC	DRPUS CHR	RISTI CITY			
	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 65/75 Rpt:	TCE VoteClean.org	I			00088639		
4	CREDIT CARD ISSUER		ncial institution amp	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
	X Expenditure from corporate funds	\$34.29	09/21/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		7-Eleven		3550 Far				
L				Austin, T				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Advocacy to support the campaign of Atwithout the candidate's knowledge or cor				andidates
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Corpus Christi City Corpus Christi City					
е	xpenditure to benefit C/OH	Klein, Jim	COF	RPUS CHR	ISTI CITY			
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, T.	X, officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder		e sought	ICTI MANGO	Office held		
e	xpenditure to benefit C/OH	Araiza, Isabel			ISTI MAYOR	D-id		
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Palu		
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
I	Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T.	X, officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		<u> </u>
е	xpenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHR	ISTI CITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 66/75 Rpt:	TCE VoteClean.org	I			00088639		
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		(see previous)						
8	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	oense	
9	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
	xpenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CHRIS	STI CITY			
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	X Expenditure from corporate funds	\$409.30	09/21/2024					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Airbnb			nan St.			
				San Franc	cisco, CA 94103			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent			andidates	
	X Political			Without the	c canadate 5 Ki			
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
	Complete ONLY if direct	Candidate/Officeholder		e sought	OTI OITY	Office held		
е	xpenditure to benefit C/OH	Klein, Jim		RPUS CHRIS				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		(see previous)						
Г	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>.</u> Г	Check if Austin, TX,	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
е	xpenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRIS	STI MAYOR			
Г								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 67/75 Rpt:	TCE VoteClean.org				00088639		
4 CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	e/Officeholder name Office sought			Office held		
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRIS	STI CITY			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)	see previous)					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion			
Political							
Non-Political	(*)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel		RPUS CHRIS				
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$15.00	(b) Date of Charge 09/21/2024	(c) Date(s) (Credit Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	VILLA DEL SOL		3938 Surfside Blvd, Corpus Christi, TX 78402				
			<u> </u>	risti, TX 78402			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
l <u> </u>	Food/Beverage Exper			to support the c e candidate's kn			andidates
X Political	Ŭ P		with lout the	canuluale 5 KH	owicuge or cor	13CH	
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRIS	STICITY			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instru	uction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)				
Sch: 68/75 Rpt:	TCE VoteClean.org			00088639				
4 CREDIT CARD ISSUER	Name of finan	cial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip (Code			
	(see previous)							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description					
Non-Political	() [Cohodulo T. Charle if Austin TV afficeholder living average					
	(c) Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense Office held				
9 Complete ONLY if direct expenditure to benefit C/OH	Araiza, Isabel		RPUS CHRISTI MAYOR	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	(c)go.	(-)	(6) = 111 (6) = 111 (1)					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip 0	Code			
	(see previous)							
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top o	of this schedule)						
Political								
Non-Political	(c) Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRISTI CITY					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip (Code			
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description					
Political								
Non-Political	(c) Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	Caballero, Rachel	COF	RPUS CHRISTI CITY					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeriolder/Folitica	ŭ	ruction Guide explains how	· ·	THEN (enter a category not listed above)		
1	Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)				
ľ	Sch: 69/75 Rpt:	TCE VoteClean.org	I		00088639		
4	CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	X Expenditure from corporate funds	\$168.87	09/21/2024				
7	PAYEE	(a) Payee name Office Depot		(b) Payee address; 5425 S Padre Island Dr S	City, State, Zip Code TE 125		
8	PURPOSE OF	(a) Catagony		Corpus Christi, TX 78411			
0	EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Advocacy to support the without the candidate's k			campaign of At-Large Candidates nowledge or consent		
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,					
9	Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
е	expenditure to benefit C/OH	Klein, Jim	RPUS CHRISTI CITY				
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		(see previous)					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Political						
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
е	expenditure to benefit C/OH	Araiza, Isabel		RPUS CHRISTI MAYOR			
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		(see previous)					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Political						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder Gracia, Jennifer		e sought RPUS CHRISTI CITY	Office held		
	•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 70/75 Rpt:	TCE VoteClean.org			00088639					
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$					
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
7 PAYEE	(a) Payee name (b) Payee address; (see previous)			City,	State,	Zip Code			
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
9 Complete ONLY if direct Candidate/Officeholder name Officeholder			e sought		Office held				
expenditure to benefit C/OH	RPUS CHRIS	STI CITY							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
X Expenditure from corporate funds	\$43.30	09/21/2024							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Starbucks		2401 Utah Ave S Seattle, WA 98134						
PURPOSE OF	(a) Category		(b) Descripti						
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper		Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent						
Non-Political	(-) 🗆 a	(T. 0 11 01 11 T	Check if Austin, TX, officeholder living expense						
<u> </u>	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought Office held						
Complete ONLY if direct expenditure to benefit C/OH	Klein, Jim		ORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Sreuit Card Issuer	raiu				
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	(see previous)								
PURPOSE OF	(a) Category	of this cohodule)	(b) Descripti	on					
EXPENDITURE	(See Categories listed at the top	or this schedule)							
Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH	Araiza, Isabel	COF	RPUS CHRIS	STI MAYOR					
	·								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)			
Sch: 71/75 Rpt:	TCE VoteClean.org		00088639							
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$						
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
	(see previous)									
8 PURPOSE OF EXPENDITURE Political	(See Categories listed at the top of this schedule)			on						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held					
expenditure to benefit C/OH	Gracia, Jennifer	COF	RPUS CHRIS	STI CITY						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
	(see previous)									
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check ii Addilli, 17,	Office held					
expenditure to benefit C/OH	Caballero, Rachel		PRPUS CHRISTI CITY							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
X Expenditure from corporate funds	\$32.20	09/21/2024								
PAYEE	(a) Payee name	I	(b) Payee ad	ddress;	City,	State,	Zip Code			
	Sunoco		301 IH 37	Access Rd						
			Corpus Christi, TX 78401							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Advocacy to support the campaign of At-Large Candidates							
X Political	Traver in District		without the	candidate's kn	owledge or cor	ısent				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>.</u> Г	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held					
expenditure to benefit C/OH	Klein, Jim	COF	RPUS CHRIS	STI CITY						
		<u> </u>		<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains ho	w to complete	this form.				
1 Total pages Schedule F4:	: 2 FILER NAME				3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)		
Sch: 72/75 Rpt:	TCE VoteClean.org	I			00088639			
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
Expenditure from corporate funds								
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Descri	ption				
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				X, officeholder living e	expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ice sought		Office held			
expenditure to benefit C/OH	·							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living e	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offi	ice sought	_	Office held			
expenditure to benefit C/OH	Gracia, Jennifer	CO	DRPUS CHRISTI CITY					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	(c) Date(s) Credit Card Issuer Paid				
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF EXPENDITURE	1 7 7 7 7		(b) Descri	ption				
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living e	expense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ice sought	<u> </u>	Office held	-		
expenditure to benefit C/OH	Caballero, Rachel	CO	RPUS CHR	ISTI CITY				
	_							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	v to complete th	nis form.		,,	,		
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 73/75 Rpt:	TCE VoteClean.org			00088639					
4 CREDIT CARD ISSUER	Ramp		EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
X Expenditure from corporate funds	\$35.40	09/21/2024							
7 PAYEE	(a) Payee name Circle K		(b) Payee a 17500 I-35		City,	State,	Zip Code		
			Schertz, T						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descript						
X Political	Travel Out of District	or triis scriedule)				ampaign of At-Large Candidates owledge or consent			
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus			Check if Austin, TX,	TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought				Office held				
expenditure to benefit C/OH	Klein, Jim CORPUS CHRISTI CITY			STI CITY					
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	(see previous) (a) Category (See Categories listed at the top of this schedule)								
PURPOSE OF EXPENDITURE			(b) Descript						
Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held						
expenditure to benefit C/OH	Araiza, Isabel	СО	RPUS CHRIS	STI MAYOR					
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	(see previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descript	ion					
Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder Gracia, Jennifer		ce sought RPUS CHRIS	STI CITY	Office held				
·									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	w to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 74/75 Rpt:	TCE VoteClean.org	J	00088639					
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$				
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	(see previous)							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				TX, officeholder living expense				
			ce sought Office held RPUS CHRISTI CITY					
			(c) Date(s) Credit Card Issuer Paid					
Expenditure from corporate funds	\$419.32	(b) Date of Charge 09/21/2024	(c) Date(s) Credit Card issi	uci Faiu				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Airbnb		888 Brannan St.					
			San Francisco, CA 94103					
PURPOSE OF	(a) Category		(b) Description Advocacy to support the campaign of At-Large Candidates without the candidate's knowledge or consent					
EXPENDITURE X Political	(See Categories listed at the top Travel In District	or this schedule)						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held					
expenditure to benefit C/OH	Klein, Jim	СО	RPUS CHRISTI CITY					
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			(a) r ay oo aaar ooo,	5.ts, 5.tate, 2.p 5555				
	(see previous)							
PURPOSE OF EXPENDITURE	1,, 9,		(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder		ffice sought Office held					
expenditure to benefit C/OH	Araiza, Isabel	RPUS CHRISTI MAYOR						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagnes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica	-	ces Saluruction Guide explains how	•	THER (enter a category	not listed ab	ove)	
1	Total pages Schedule F4:		dotton Guide explains non	to complete this form	3 Filer ID (Ethics	Commiss	ion Filers)	
	Sch: 75/75 Rpt:	TCE VoteClean.org			00088639	Commiss	10111 11013)	
4	CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
7	PAYEE	(a) Payee name (see previous)		(b) Payee address;	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
ex	penditure to benefit C/OH	Gracia, Jennifer	COR	PUS CHRISTI CITY				
	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(see previous)						
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
	Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held				
	penditure to benefit C/OH	Caballero, Rachel	COR	PUS CHRISTI CITY				