FORM DCE COVER SHEET PG 1

The DCE Instruction G	uide explains how to comp	lete this form.	1 Filer ID (Ethics Commission File 00086753	ers)	2 Total pages	filed: 66	
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
	Mr.	Victor L.			Date Received		
	NICKNAME	LAST		SUFFIX	ELECTRONIC	CALLY FILED	
		Cornell			10/28/2024		
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE	1		
	P.O. Box 42278	·			Date Hand-delivered	or Data Deatmarked	
l 🖂					Date Hand-delivered	or Date Postmarked	
Change of Address	Austin, TX 78704				Receipt #	Amount	
5 FILER PHONE	AREA CODE PHO	ONE NUMBER	EXTENSION		1		
o ricer rrione	(512) 326-5655 x1004	SIVE INGIVIDER	EXTENSION		Date Processed		
6 REPORT TYPE	<u> </u>				_		
6 REPORTITE	January 15	X 30	Oth day before election		Date Imaged		
	July 15	☐ 8t	h day before election				
		□ Ri	unoff				
7 PERIOD	Month Day Year			Month Day	Year		
COVERED	07/01/2024	TH	HROUGH	09/26/202	24		
8 ELECTION	ELECTION DATE	.		ELECTION T			
	Month Day Year 11/05/2024	l Li	Primary	Runoff	Other		
	11/00/2024	X	Seneral	Special			
9 FILER	1. Candidates	A. Supported M	Ir. Jim Klein Corpus	Christi City Co	uncil, At Large		
ACTIVITY	(Identify by name or, if applicable, classify by party.)						
(Attack lists on							
(Attach lists on plain paper to		B. Opposed					
complete this							
report if necessary.)	2. Measures	A. Supported					
	(Describe by date and	A. Supported					
	location of election and nature of issue.)						
	,	B. Opposed					
	3. Officeholders						
	Assisted						
	(Identify by name or, if applicable, classify by party.)						
	•	•					
	GO TO PAGE 2						
			I T AOL Z				

FORM DCE COVER SHEET PG 2

10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Cornell, Victor L. (Mr.)				00086753	
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZ	ZED POLITICAL EXPE	NDITURES	\$	0.00
	2. TOTAL POLITION	CAL EXPENDITURE	S	\$	25,201.78
13 AFFIDAVIT	L			<u> </u>	
		true a	ar, or affirm, under penalty ind correct and includes al Title 15, Election Code.	/ of perjury, that the ac Il information required	ecompanying report is to be reported by me
			Mr.	Victor L. Cornell	
			Si	ignature of Filer	
			Signature of individual w	or vith authority to sign or	n behalf of entity
				if Filer is an entity)	
AFFIX NOTARY STAMI	P / SEAL ABOVE				
Sworn to and subscribe	d hefore me, by the said	ı		this the	day
of				, and and	
Signature of officer a	dministering oath	Printed name of offi	cer administering oath	Title of office	er administering oath

FORM DCE ADDENDUM

Page 3 of 66

10 FILER NAME				11 Filer ID (Ethics Commission Filers)
Cornell, Victor L. (Mr.)				00086753
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed		
	Officeholders Assisted (identify by name or, if		Ms. Sylvia Campos Corpus Chri	sti City Council District 2
	applicable, classify by party)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Ms. Isabel Araiza Corpus Christi	i City Council 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)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Ms. Jennifer Gracia Corpus Chri	isti 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)			

FORM DCE ADDENDUM

Page 4 of 66

						r ago r er ee
10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Cornell, Victor L. (Mr.)					00086753	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Ms. Rachel Caba	allero Corpus C	hristi City Cour	ncil At 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)					
	1	<u> </u>				

,	SUE	3T(OTALS - DCE		FORM DCE
				CC	OVER SHEET PG 3 5 of 66
	FILER Corne		E ctor L. (Mr.)	15 Filer ID 00086753	(Ethics Commission Filers)
	SCHE NAME			SUBTOTAL AMOUNT	
-	1.	Х	SCHEDULE F1: POLITICAL EXPENDITURES		\$ 25,201.78
2	2.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
;	3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

POLITICAL EXPENDITURES

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 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)

Credit Card Payment	The Instruction Guide expla	ains how to con	nplete this form.			
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)	
Sch: 1/61 Rpt: 6/66	Cornell, Victor L. (Mr.)			00086753		
4 Date	5 Payee name			•		
08/29/2024	ABIGAIL, NEWMAN					
6 Amount (\$)	7 Payee address; City; S	State; Zip Coo	de			
\$180.00	8033 S Padre Island Dr, Apt 320					
Expenditure from						
corporate funds	CORPUS CHRISTI, TX 78412					
8 PURPOSE OF	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description			
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel	outside of Texas. Con	nplete Schedule T.	
			SALARY TO	SUPPORT CA	MPAIGNS OF KLEIN	
			AND CAMPO	OS WITHOUT	THEIR CONSENT OR	
9 Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght	Office h	eld	
expenditure to benefit C/OI	^H Klein, Jim	CORPUS	CHRISTI CITY	CORP	JS CHRISTI CITY	
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; S	State; Zip Cod	de			
Expenditure from						
corporate funds						
PURPOSE OF	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description			
EXPENDITURE			Check if travel	outside of Texas. Con	nplete Schedule T.	
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght	Office h	eld	
expenditure to benefit C/OI	^H Campos, Sylvia	CORPUS	CHRISTI CITY	CORP	JS CHRISTI CITY	
Date	Payee name					
09/12/2024	ABIGAIL, NEWMAN					
Amount (\$)	Payee address; City; S	State; Zip Cod	de			
\$86.00	8033 S Padre Island Dr, Apt 320					
Expenditure from						
corporate funds	CORPUS CHRISTI, TX 78412					
PURPOSE OF	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description			
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel	outside of Texas. Con	nplete Schedule T.	
			SALARY TO	SUPPORT CA	MPAIGNS OF AT-	
			LARGE CAN	IDIDATES WIT	HOUT THEIR CONSENT	
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght	Office h	eld	
expenditure to benefit C/OI	^H Campos, Sylvia	CORPUS	US CHRISTI CITY CORPUS CHRISTI CITY			

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/61 Rpt: 7/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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

Candidate/Officeholder name

Caballero, Rachel

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 3/61 Rpt: 8/66 00086753 4 Date Payee name 09/26/2024 ABIGAIL, NEWMAN 6 Amount (\$) Payee address; City; State; Zip Code \$411.00 8033 S Padre Island Dr, Apt 320 Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF AT-LARGE CANDIDATES WITHOUT THEIR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

CORPUS CHRISTI MAYOR

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Candidate/Officeholder name

Araiza, Isabel

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 4/61 Rpt: 9/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 08/29/2024 ALINE TREJO, CHAVEZ Amount (\$) Payee address: City; State; Zip Code \$504.00 1035 Wilshire Pl Expenditure from CORPUS CHRISTI, TX 78411 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor

Candidate/Officeholder name

Klein, Jim

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SALARY TO SUPPORT CAMPAIGNS OF KLEIN AND CAMPOS WITHOUT THEIR CONSENT OR

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 5/61 Rpt: 10/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia **CORPUS CHRISTI CITY CORPUS CHRISTI CITY** Date Payee name 09/12/2024 ALINE TREJO, CHAVEZ Amount (\$) Payee address; City; State; Zip Code \$598.50 1035 Wilshire Pl Expenditure from CORPUS CHRISTI, TX 78411 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/61 Rpt: 11/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 7/61 Rpt: 12/66 00086753 4 Date Payee name 09/26/2024 ALINE TREJO, CHAVEZ 6 Amount (\$) Payee address; City; State; Zip Code \$1,375.00 1035 Wilshire Pl Expenditure from CORPUS CHRISTI, TX 78411 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

Araiza, Isabel

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI MAYOR

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 8/61 Rpt: 13/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 08/29/2024 ANNETTE, GUTIERREZ Amount (\$) Payee address: City; State; Zip Code \$1,105.50 4409 Castenon St Expenditure from CORPUS CHRISTI, TX 78416 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF KLEIN

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

AND CAMPOS WITHOUT THEIR CONSENT OR

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 9/61 Rpt: 14/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia **CORPUS CHRISTI CITY CORPUS CHRISTI CITY** Date Payee name 09/12/2024 ANNETTE, GUTIERREZ Amount (\$) Payee address; City; State; Zip Code \$726.00 4409 Castenon St Expenditure from CORPUS CHRISTI, TX 78416 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/61 Rpt: 15/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 11/61 Rpt: 16/66 00086753 4 Date Payee name 09/12/2024 ANNETTE, GUTIERREZ 6 Amount (\$) Payee address; City; State; Zip Code \$726.00 4409 Castenon St Expenditure from CORPUS CHRISTI, TX 78416 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI MAYOR

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 12/61 Rpt: 17/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 08/29/2024 BRAIDEN, CHENEY Amount (\$) Payee address; City; State; Zip Code \$420.00 8033 S Padre Island Dr, Apt 320 Expenditure from CORPUS CHRISTI, TX 78416 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SALARY TO SUPPORT CAMPAIGNS OF KLEIN AND CAMPOS WITHOUT THEIR CONSENT OR

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 13/61 Rpt: 18/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia **CORPUS CHRISTI CITY CORPUS CHRISTI CITY** Date Payee name 09/12/2024 BRAIDEN, CHENEY Amount (\$) Payee address; City; State; Zip Code \$577.50 8033 S Padre Island Dr, Apt 320 Expenditure from CORPUS CHRISTI, TX 78416 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/61 Rpt: 19/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 15/61 Rpt: 20/66 00086753 4 Date Payee name 09/12/2024 BRAIDEN, CHENEY 6 Amount (\$) Payee address; City; State; Zip Code \$799.68 8033 S Padre Island Dr, Apt 320 Expenditure from CORPUS CHRISTI, TX 78416 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

CORPUS CHRISTI MAYOR

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Candidate/Officeholder name

Araiza, Isabel

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 16/61 Rpt: 21/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/12/2024 CALEB, TERRY Amount (\$) Payee address; City; State; Zip Code \$415.00 8033 S Padre Island Dr, Apt 320 Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/61 Rpt: 22/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 18/61 Rpt: 23/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/26/2024 CALEB, TERRY Amount (\$) Payee address; City; State; Zip Code \$820.00 8033 S Padre Island Dr, Apt 320 Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/61 Rpt: 24/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/61 Rpt: 25/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name 08/29/2024 DAKOTA, BERGEMANN 6 Amount (\$) Payee address; City; State; Zip Code \$560.00 357 Brooks Dr Expenditure from CORPUS CHRISTI, TX 78408 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF KLEIN AND CAMPOS WITHOUT THEIR CONSENT OR

			7 11 07 11 11 00 11	THOUT THEM CONCENT ON
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ight	Office held
expenditure to benefit C/OF	H Klein, Jim	CORPUS	S CHRISTI CITY	CORPUS CHRISTI CITY
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; Sta	te; Zip Co	ode	
Expenditure from				
corporate funds				
PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description	
OF EXPENDITURE			Check if travel outside of	of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght	Office held
expenditure to benefit C/OF	¹ Campos, Sylvia	CORPUS	S CHRISTI CITY	CORPUS CHRISTI CITY
Date	Payee name			
09/12/2024	DAKOTA, BERGEMANN			
Amount (\$)	Payee address; City; Sta	te; Zip Co	ode	
\$570.00	357 Brooks Dr			
Expenditure from				
corporate funds	CORPUS CHRISTI, TX 78408			
PURPOSE OF	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description	
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of	of Texas. Complete Schedule T.
				PORT CAMPAIGNS OF
			CANDIDATES WIT	THOUT THEIR CONSENT OR
Complete ONLY if direct	Candidate/Officeholder name	Office sou	-	Office held
expenditure to benefit C/OF	H Klein, Jim	CORPUS	S CHRISTI CITY	CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/61 Rpt: 26/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 22/61 Rpt: 27/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/26/2024 DAKOTA, BERGEMANN Amount (\$) Payee address; City; State; Zip Code \$1,000.00 357 Brooks Dr Expenditure from CORPUS CHRISTI, TX 78408 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

Campos, Sylvia

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/61 Rpt: 28/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal S	Services nstruction Guide explai		/ages/Contract Labor		IER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 File	r ID	(Ethics Commission Filers)
Sch: 24/61 Rpt: 29/66	Cornell, Victor L.	(Mr.)			l -	086753	,
4 Date	5 Payee name						
08/29/2024	DENA, DE SAN	TIAGO-YOUNG					
6 Amount (\$) \$812.28	7 Payee address; PO Box 81258	City; Sta	ate; Zip Co	de			
Expenditure from corporate funds	CORPUS CHRIS	STI, TX 78468					
8 PURPOSE	(a) Category (See Cate	gories listed at the top of this	s schedule)	(b) Description			
OF EXPENDITURE	Salaries/Wages/			Check if travel	outside of	Texas. Com	plete Schedule T.
EXI ENDITORE							MPAIGNS OF KLEIN HEIR CONSENT OR
9 Complete ONLY if direct	Candidate/Officehol	der name	Office sou	ght		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; Sta	ate; Zip Co	de			
Expenditure from corporate funds							
PURPOSE	(a) Category (See Cate	gories listed at the top of this	s schedule)	(b) Description			
OF EXPENDITURE				Check if travel	outside of	Texas. Com	plete Schedule T.
EXI ENDITORE							
Complete ONLY if direct	Candidata/Officabal	dar nama	Office cou	abt		Office he	-1d
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officehole Campos, Sylvia	uei name	Office sou	S CHRISTI CITY		Office he	
	Campos, Sylvia		CORPUS	CHRISTICITY		CORPC	JS CHRISTI CITY
Date	Payee name						
09/12/2024	DENA, DE SAN	TIAGO-YOUNG					
Amount (\$)	Payee address;	City; Sta	ate; Zip Co	de			
\$412.02	PO Box 81258						
Expenditure from corporate funds	CORPUS CHRIS	STI, TX 78468					
PURPOSE	(a) Category (See Cate	gories listed at the top of this	s schedule)	(b) Description			
OF	Salaries/Wages/				outside of	Texas. Com	plete Schedule T.
EXPENDITURE	J			_			
							MPAIGNS OF HEIR CONSENT OR
Complete ONLY if direct	Candidate/Officehol	der name	Office sou	aht		Office he	əld
expenditure to benefit C/O				CHRISTI CITY			JS CHRISTI CITY
	, •						

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/61 Rpt: 30/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 26/61 Rpt: 31/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/26/2024 DENA, DE SANTIAGO-YOUNG Amount (\$) Payee address; City; State; Zip Code \$667.38 PO Box 81258 Expenditure from CORPUS CHRISTI, TX 78468 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/61 Rpt: 32/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 28/61 Rpt: 33/66 00086753 4 Date Payee name 08/29/2024 DEONTE, CUNNINGHAM 6 Amount (\$) Payee address; City; State; Zip Code \$231.00 6334 South Padre Island Dr, Apt G Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF KLEIN AND CAMPOS WITHOUT THEIR CONSENT OR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia **CORPUS CHRISTI CITY CORPUS CHRISTI CITY** Date Payee name 09/12/2024 DEONTE, CUNNINGHAM Amount (\$) Payee address: City; State; Zip Code \$575.40 6334 South Padre Island Dr, Apt G

Expenditure from

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

(b) Description

Check if travel outside of Texas. Complete Schedule T.

SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR

Office held

CORPUS CHRISTI CITY

CORPUS CHRISTI, TX 78412

Salaries/Wages/Contract Labor

Candidate/Officeholder name

Klein, Jim

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

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/61 Rpt: 34/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 30/61 Rpt: 35/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/12/2024 DEONTE, CUNNINGHAM Amount (\$) Payee address; City; State; Zip Code \$528.75 6334 South Padre Island Dr, Apt G Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/61 Rpt: 36/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/61 Rpt: 37/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name 08/29/2024 JALEN, CAUSEY 6 Amount (\$) Payee address; City; State; Zip Code \$930.00 6334 South Padre Island Dr, Apt G Expenditure from CORPUS CHRISTI, TX 78412 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE**

						O SUPPORT CAMPAIGNS OF KLEIN OS WITHOUT THEIR CONSENT OR		
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght		Office held		
	expenditure to benefit C/OF	H Klein, Jim	CORPUS CHRISTI CITY		HRISTI CITY	CORPUS CHRISTI CITY		
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City; Sta	te; Zip Co	de				
	Expenditure from corporate funds							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	schedule)	(b)	Description Check if travel outside of	f Texas. Complete Schedule T.		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Campos, Sylvia	Office sou	•	HRISTI CITY	Office held CORPUS CHRISTI CITY		
	Date	Payee name						
	09/12/2024	JALEN, CAUSEY						
Amount (\$) \$570.00		Payee address; City; State; Zip Code						
		6334 South Padre Island Dr, Apt G						
Expenditure from corporate funds		CORPUS CHRISTI, TX 78412						
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	schedule)	(b)	(b) Description Check if travel outside of Texas. Complete Schedule T.			
						ORT CAMPAIGNS OF HOUT THEIR CONSENT OR		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght		Office held		
	expenditure to benefit C/OF	H Klein, Jim CORI		3 CH	HRISTI CITY	CORPUS CHRISTI CITY		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/61 Rpt: 38/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 34/61 Rpt: 39/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/26/2024 JALEN, CAUSEY Amount (\$) Payee address; City; State; Zip Code \$1,170.00 6334 South Padre Island Dr, Apt G Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/61 Rpt: 40/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/61 Rpt: 41/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name 08/29/2024 JAZMAEYNE, EVANS 6 Amount (\$) Payee address; City; State; Zip Code \$80.00 3310 Rodd Field Rd, Apt 4305 Expenditure from CORPUS CHRISTI, TX 78414 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF KLEIN AND CAMPOS WITHOUT THEIR CONSENT OR Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/Oh	H Klein, Jim	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 EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Check if travel outside	e of Texas. Complete Schedule T.	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght	Office held	
expenditure to benefit C/O	^H Campos, Sylvia	CORPUS	S CHRISTI CITY	CORPUS CHRISTI CITY	
Date	Payee name				
09/26/2024	JAZMAEYNE, EVANS				
Amount (\$) Payee address; City; State; Zip Code \$694.40 3310 Rodd Field Rd, Apt 4305 Expenditure from corporate funds CORPUS CHRISTI, TX 78414					
				ITHOUT THEIR CONSENT OR	
Complete ONLY if direct	Candidate/Officeholder name	fficeholder name Office sou		Office held	
expenditure to benefit C/OF	H Klein, Jim CORPU:		S CHRISTI CITY	CORPUS CHRISTI CITY	

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 37/61 Rpt: 42/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 38/61 Rpt: 43/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 08/29/2024 JEFF, BELL Amount (\$) Payee address; City; State; Zip Code \$916.44 4101 Brett St, R05 Expenditure from CORPUS CHRISTI, TX 78411 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF KLEIN AND CAMPOS WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description

Candidate/Officeholder name

Campos, Sylvia

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Check if travel outside of Texas. Complete Schedule T.

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 39/61 Rpt: 44/66 00086753 4 Date Payee name 09/12/2024 JEFF, BELL 6 Amount (\$) Payee address; State; Zip Code \$385.56 4101 Brett St, R05 Expenditure from CORPUS CHRISTI, TX 78411 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI MAYOR

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 40/61 Rpt: 45/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/26/2024 JEFF, BELL Amount (\$) Payee address; City; State; Zip Code \$932.82 4101 Brett St, R05 Expenditure from CORPUS CHRISTI, TX 78411 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor

Candidate/Officeholder name

Klein, Jim

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/61 Rpt: 46/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 42/61 Rpt: 47/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/26/2024 JERSEYS, BERGEMANN Amount (\$) Payee address; City; State; Zip Code \$640.00 6925 S Padre Island Dr, Apt 147 Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 43/61 Rpt: 48/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 44/61 Rpt: 49/66 00086753 4 Date Payee name 09/12/2024 JESSE, PENA 6 Amount (\$) Payee address; City; State; Zip Code \$569.00 4217 Harry St Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel CORPUS CHRISTI MAYOR

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 45/61 Rpt: 50/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sour Caballero, Rachel CORPUS		ght 5 CHRISTI CITY	Office held
Date	Payee name			
09/26/2024	JESSE, PENA			
Amount (\$)	Payee address; City; St	ate; Zip Co	de	
\$363.00	4217 Harry St			
Expenditure from corporate funds	CORPUS CHRISTI, TX 78412			
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside	of Texas. Complete Schedule T.
				PORT CAMPAIGNS OF THOUT THEIR CONSENT OR
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held
expenditure to benefit C/O	H Klein, Jim	ein, Jim CORPUS		CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 46/61 Rpt: 51/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 47/61 Rpt: 52/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 08/29/2024 KAYLEY, CLOWDUS Amount (\$) Payee address; City; State; Zip Code \$320.00 6130 Coralridge Dr Expenditure from CORPUS CHRISTI, TX 78413 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF KLEIN AND CAMPOS WITHOUT THEIR CONSENT OR 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Campos, Sylvia

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 48/61 Rpt: 53/66 00086753 4 Date Payee name 09/12/2024 KAYLEY, CLOWDUS 6 Amount (\$) Payee address; State; Zip Code \$320.00 6130 Coralridge Dr Expenditure from CORPUS CHRISTI, TX 78413 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

CORPUS CHRISTI MAYOR

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Candidate/Officeholder name

Araiza, Isabel

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 49/61 Rpt: 54/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/26/2024 KAYLEY, CLOWDUS Amount (\$) Payee address; City; State; Zip Code \$720.00 6130 Coralridge Dr Expenditure from CORPUS CHRISTI, TX 78413 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor

Candidate/Officeholder name

Klein, Jim

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 50/61 Rpt: 55/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 51/61 Rpt: 56/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 08/29/2024 NICOLE, GUTIERREZ Amount (\$) Payee address; City; State; Zip Code \$504.00 4217 Harry St Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF KLEIN AND CAMPOS WITHOUT THEIR CONSENT OR 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

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

CORPUS CHRISTI CITY

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

Candidate/Officeholder name

Campos, Sylvia

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 52/61 Rpt: 57/66 00086753 4 Date Payee name 09/12/2024 NICOLE, GUTIERREZ 6 Amount (\$) Payee address; City; State; Zip Code \$598.50 4217 Harry St Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

CORPUS CHRISTI MAYOR

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Candidate/Officeholder name

Araiza, Isabel

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 53/61 Rpt: 58/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/26/2024 NICOLE, GUTIERREZ Amount (\$) Payee address; City; State; Zip Code \$409.50 4217 Harry St Expenditure from CORPUS CHRISTI, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SALARY TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR CONSENT OR

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 54/61 Rpt: 59/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 55/61 Rpt: 60/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/24/2024 PAYPAL *CRISTIANOLV Amount (\$) Payee address; City; State; Zip Code \$477.55 2211 N FIRST ST Expenditure from SAN JOSE, CA 95131 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** F/B CLEAN SLATE KICKOFF TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

CORPUS CHRISTI CITY

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

Candidate/Officeholder name

Klein, Jim

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 56/61 Rpt: 61/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 57/61 Rpt: 62/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/24/2024 PAYPAL *LARAMIEFAIN Amount (\$) Payee address; City; State; Zip Code \$200.00 2211 N FIRST ST Expenditure from SAN JOSE, CA 95131 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** F/B CLEAN SLATE KICKOFF TO SUPPORT CAMPAIGNS OF CANDIDATES WITHOUT THEIR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

CORPUS CHRISTI CITY

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

Candidate/Officeholder name

Klein, Jim

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 58/61 Rpt: 63/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 59/61 Rpt: 64/66 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 09/24/2024 PAYPAL *LARAMIEFAIN Amount (\$) Payee address; City; State; Zip Code \$300.00 2211 N FIRST ST Expenditure from SAN JOSE, CA 95131 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** DJ - CLIMATE CHG IS A DRAG TO SUPPORT CAMPAIGNS OF CANDIDATES WITH OUT THEIR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 60/61 Rpt: 65/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services 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 Filer ID (Ethics Commission Filers) Sch: 61/61 Rpt: 66/66 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY**