FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088019 3 COMMITTEE NAME **OFFICE USE ONLY** Coastal Bend Coalition Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3636 S. Alameda, Ste. B Date Hand-delivered or Date Postmarked #220 Change of Address Corpus Christi, TX 78411 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Olga NAME NICKNAME LAST **SUFFIX** Kvach STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14493 S. Padre Island Drive, Suite A STREET **ADDRESS** PMB 281 (Residence or Business) Corpus Christi, TX 78418 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 14493 S. Padre Island Drive, Suite A MAILING **ADDRESS** PMB 281 Corpus Christi, TX 78418 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (847) 323-8732 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Coastal Bend Coalitio	n		00088019	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Mark Scott Corpus Christi	City Council-A	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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	151,521.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	441.82
	4. TOTAL POLITICA	AL EXPENDITURES	\$	266,922.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	121,035.50
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Olga	Kvach	
		Signature of Car	mpaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, tł	nis the	day
		which, witness my hand and seal of office.		<u> </u>
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						. age e e	
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Fi	lers)
Coastal Bend Coalition					00088019		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Larry Elizondo C	orpus Chris		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					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE	1. Candidates	A. Supported	Mr. Roland Barrera C	Corpus Chris	sti Citv Council-	At Large	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					- 	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mrs. Carolyn Vaughn	Corpus Ch	nristi City Counc	il-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					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	Assisted						

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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COMMITTEE NAME Coastal Bend Coalition COMMITTEE ACTIVITY Attach lists on plain aper to complete this eport if necessary.)	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Everett Roy Corpus C	13 Filer ID (Ethics Commission Filers) 00088019 Christi City Council District 1
COMMITTEE ACTIVITY Attach lists on plain paper to complete this	(Identify by name or, if		Mr. Everett Roy Corpus C	
COMMITTEE ACTIVITY Attach lists on plain paper to complete this	(Identify by name or, if		Mr. Everett Roy Corpus C	
aper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE	<u> </u>	A. Supported	Mr. Ben Molina, Cornus C	hristi City Council District 2
CTIVITY	(Identify by name or, if		Will Berr Wolling Corpus C	inist only council bistrict 2
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Mrs. May Mendoza Corpu	s Christi City Council District 4
Attach lists on plain aper to complete this eport 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.)			
	Attach lists on plain aper to complete this eport if necessary.) COMMITTEE CTIVITY Attach lists on plain aper to complete this	Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE CCTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) Attach lists on plain aper to complete this eport if necessary.) Attach lists on plain aper to complete this eport if necessary. A. Supported D. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed	Assisted (identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed COMMITTEE CTIVITY Attach lists on plain aper to complete this applicable, classify by party.) COMMITTEE CTIVITY Attach lists on plain aper to complete this applicable, classify by party.) Attach lists on plain aper to complete this applicable of election and nature of issue.) B. Opposed A. Supported A. Supported Mrs. May Mendoza Corputed in applicable of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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					1 ago o o 120
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Coastal Bend Coalition				00088019
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. David Pena Corpus Christi	City Council District 5
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures	A. Supported		
		(Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE	1. Candidates	A. Supported		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Mr. Jim Klein Corpus Christi Ci	y Council-At Large
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	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	Mrs. Sylvia Campos Corpus Ch	risti City Council District 2
		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.)			
		applicable, classify by party.)			

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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17 COMMITTEE NAME Coastal Bend Coalition		18 Filer ID 00088019	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL C	ONTRIBUTIONS		\$ 21,521.15
2. SCHEDULE A2: NON-MONETARY (IN-KIN	D) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTION	IS		\$
4. X SCHEDULE C1: MONETARY CONTRIBUT ORGANIZATION	IONS FROM CORPORATION OR LABO	R	\$ 130,000.00
5. SCHEDULE C2: NON-MONETARY (IN-KIN LABOR ORGANIZATION	D) CONTRIBUTIONS FROM CORPORA	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FI	ROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPO ORGANIZATION	RT FROM CORPORATION OR LABOR		\$
8. SCHEDULE D: PLEDGED CONTRIBUTION	IS FROM CORPORATION OR LABOR (DRGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITICAL EXPENDITUR	ES FROM POLITICAL CONTRIBUTIONS	5	\$ 266,922.00
11. SCHEDULE F2: UNPAID INCURRED OBLI	GATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTM	ENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE B	Y CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDIT	JRES FROM POLITICAL CONTRIBUTIO	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAIN TO FILER	S, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 7/26	
2	FILER NAME Coastal Bend	d Coalition			3	Filer ID (Ethics Commission Filers) 00088019	
4	10/22/2024 Giffin, Charles (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$521.15			
8	Principal occu	Corpus Christi, TX 78404 pation / Job title (See Instructions)	la la	Employer (See Instructions	.)		
Ū	Contractor	pation 7 oob title (occ monactions)		Texas State Roofing Co		us Christi	
	Date 10/25/2024	Full name of contributor out-of-state PAC Jones, AI (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$5,000.00	
	Daine die al access	Corpus Christi, TX 78411	-	Foundation (October 1994)	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC McComb, Joe (Mr.) Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$) \$1,000.00	
	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Owner	padotri dos dad (doc mondolorio)		McComb Relocation Se		ces	
	Date 10/21/2024	Full name of contributor out-of-state PAC TenNapel, Roger (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78414				Amount of Contribution (\$) \$10,000.00	
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Flint Hills Resources	i)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Welder Leshin LLP Contributor address; City; State; Zip Code Corpus Christi, TX 78401	C (ID#:			Amount of Contribution (\$) \$5,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 8/26			
2 FILER NAME Coastal Bend	d Coalition	3 Filer ID (Ethics Commission Filers) 00088019			
4 Date 10/15/2024	 5 Corporation / Labor Organization name	7 Amount of contribution (\$) \$25,000.00			
Date Corporation / Labor Organization name 10/02/2024 International Bancshares Corp. Corporation / Labor Organization address; City; State; Zip Code Laredo, TX 78040		Amount of contribution (\$) \$25,000.00			
Date 10/25/2024	Corporation / Labor Organization name Old Concrete Street, LTD Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$5,000.00			
Date 10/17/2024	Corpus Christi, TX 78401 Corporation / Labor Organization name Texas Chemical Council Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$50,000.00			
Date 10/07/2024	Corporation / Labor Organization name Valero Services, Inc. Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78269-6000	Amount of contribution (\$) \$25,000.00			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/18 Rpt: 9/26	Coastal Bend Coalition	00088019
4 Date	5 Payee name	
09/30/2024	De Leon, Aaron (Mr.)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$5,000.00	P.O. Box 311	
X Expenditure from corporate funds	Leander, TX 78646	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Services - October 2024
		Consulting Services Colober 2024
Complete CNI V if direct	Candidate/Officeholder name Office s	cought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ougnit Onice neid
Date	Payee name	
10/11/2024	De Leon, Aaron (Mr.)	
Amount (\$)	Payee address; City; State; Zip	Code
\$11,087.80	P.O. Box 311	
X Expenditure from corporate funds	Leander, TX 78646	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Direct Digital Voter Contact
2 1 2 2 1 1 2 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	-
experientare to benefit ever	Scott, Mark (Mr.) C.C. C	ity Council-At Large
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
•	(5) 0	(h) p
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office s	Lought Office held
expenditure to benefit C/OI		ity Council-At Large
	3.3.	,

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment		explains how to complete this form	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/18 Rpt: 10/26	Coastal Bend Coalition		00088019
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top	o of this schedule) (b) Description	n
OF EXPENDITURE			travel outside of Texas. Complete Schedule T.
		Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office cought	Office held
expenditure to benefit C/O		Office sought C.C. City Council-At La	
	Dalieia, Roianu (ivii.)	C.C. City Council At La	arge C.C. City Council District 5
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	o of this schedule) (b) Description	n
OF	(a) Category (See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	travel outside of Texas. Complete Schedule T.
EXPENDITURE			Austin, TX, officeholder living expense
		_	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Vaughn, Carolyn (Mrs.)	C.C. City Council-At La	arge
Date		<u> </u>	
Dale	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top	o of this schedule) (b) Description	n
OF	(1) Care gar. J (See Caregories instead at and tag		travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Everett, Roy (Mr.)	C.C. City Council Distri	rict 1 C.C. City Council District 1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salar The Instruction Guide explains how to	ies/Wages/Contract Labor complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 3/18 Rpt: 11/26	Coastal Bend Coalition		00088019
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Catagory	(b) December	
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel	outside of Texas. Complete Schedule T.
EXPENDITURE		· · =	n, TX, officeholder living expense
		-	
9 Complete ONLY if direct		sought	Office held
expenditure to benefit C/O	H Molina, Ben (Mr.) C.C. (City Council District 2	2
Date	Payee name		
Date	(see previous)		
Λ		Codo	
Amount (\$)	Payee address; City; State; Zip	Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE		· · ·	outside of Texas. Complete Schedule T.
		Check if Austin	n, TX, officeholder living expense
		<u> </u>	
Complete ONLY if direct expenditure to benefit C/OI		sought	Office held
experience to bettern eyes	¹ Mendoza, May (Mrs.) C.C. C	City Council District 4	1
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zip	Code	
Expenditure from corporate funds			
PURPOSE	(a) Catagony	(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel	outside of Texas. Complete Schedule T.
EXPENDITURE		I <u></u>	n, TX, officeholder living expense
		_	
Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held
expenditure to benefit C/O		City Council District 5	5

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/18 Rpt: 12/26	Coastal Bend Coalition 00088019
4 Date	5 Payee name
10/22/2024	De Leon, Aaron (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8,076.48	P.O. Box 311
X Expenditure from corporate funds	Leander, TX 78646
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Direct Digital Voter Contact
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/01	•
Date	Payee name
09/30/2024	Echo Canyon Consulting, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$41,250.00	3700 Duke St
Ψ+1,200.00	or oo Build of
X Expenditure from corporate funds	Alexandria, VA 22304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Contract Canvassing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Scott, Mark (Mr.) C.C. City Council-At Large
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (ψ)	rayee address, Gity, State, Zip Gode
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	Elizondo, Larry (Mr.) C.C. City Council-At Large

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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	explains how to complete this form.			
1	Total pages Schedule F1: Sch: 5/18 Rpt: 13/26	FILER NAME Coastal Bend Coalition		3	Filer ID 00088019	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		I		
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if tra		side of Texas. Comp s, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Barrera, Roland (Mr.)	Office sought C.C. City Council-At La	rge	Office he	eld y Council District 3
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if tra		side of Texas. Comp f, officeholder living	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Vaughn, Carolyn (Mrs.)	Office sought C.C. City Council-At La	ge	Office he	eld
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if tra		side of Texas. Comp s, officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Everett, Roy (Mr.)	Office sought C.C. City Council Distric	et 1	Office he C.C. Cit	eld y Council District 1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salarie: The Instruction Guide explains how to	s/Wages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	<u> </u>	3 Filer ID (Ethics Commission Filers)
Sch: 6/18 Rpt: 14/26	Coastal Bend Coalition	00088019
4 Date	5 Payee name	<u>'</u>
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
(,)	.g.:, : g,	
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	,	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	-
experioliture to benefit C/Oi	Molina, Ben (Mr.) C.C. Ci	ty Council District 2
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip (Code
()	, , , , , , , , , , , , , , , , , , , ,	
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check if Austin, 17, officeriolder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	bught Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ty Council District 4
	Wiendoza, Way (Wis.)	ty Council District 4
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip (Code
Expenditure from corporate funds		
PURPOSE	(a) Category (c. c. c	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		-
Complete ONLY if direct	Candidate/Officeholder name Office so	pught Office held
expenditure to benefit C/OI		ty Council District 5

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/18 Rpt: 15/26	Coastal Bend Coalition 00088019
4 Date	5 Payee name
10/10/2024	FedEx Office Print & Ship Center
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$92.23	4002 S Padre Island Dr.
— Foresteller from	Suite 100A
X Expenditure from corporate funds	Corpus Christi, TX 78411
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign Meeting Materials: Color & B&W
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	FedEx Office Print & Ship Center
Amount (\$)	Payee address; City; State; Zip Code
\$92.23	4002 S Padre Island Dr.
	Suite 100A
X Expenditure from	
Corporate rands	Corpus Christi, TX 78411
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Camplete Schedule T
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Meeting Materials: Color
	Company materials con-
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/16/2024	FedEx Office Print & Ship Center
Amount (\$)	Payee address; City; State; Zip Code
\$89.66	4002 S Padre Island Dr.
Expenditure from	Suite 100A
corporate funds	Corpus Christi, TX 78411
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Campaign Meeting Materials: Color & B&W
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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	e explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 8/18 Rpt: 16/26	Coastal Bend Coalition		00088019
4 Date	5 Payee name		
10/16/2024	Go Creative Group		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$22,916.00	5511 Parkcrest Drive		
X Expenditure from	Suite 103		
— corporate failes	Austin, TX 78731		
8 PURPOSE OF	(a) Category (See Categories listed at the to		avel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	1 <u>—</u>	ustin, TX, officeholder living expense
		Digital Adv	vertising #2
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name H. Caett, Mark (Mr.)	Office sought	Office held
·	Scott, Wark (WI.)	C.C. City Council-At Lar	
Date	Payee name		
A (A)	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	
OF EXPENDITURE		Check if tra	avel outside of Texas. Complete Schedule T.
		Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Elizondo, Larry (Mr.)	C.C. City Council-At Lar	ge
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	
OF EXPENDITURE		<u> </u>	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Crick ii / ic	San, 17, Gillecholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Barrera, Roland (Mr.)	C.C. City Council-At Lar	rge C.C. City Council District 3

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services The Instruction Guide explains h	Salaries/Wages/Contract Labor ow to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 9/18 Rpt: 17/26	Coastal Bend Coalition		00088019
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
(,)		,	
Expenditure from			
corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
OF EXPENDITURE			l outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/OI	^H Vaughn, Carolyn C.	.C. City Council-At Large	е
Date			
Dale	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from			
corporate funds		T	
PURPOSE OF	(a) Category (See Categories listed at the top of this sched	· I —	
EXPENDITURE		<u> </u>	l outside of Texas. Complete Schedule T.
		LI Crieck ii Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought	Office held
experiulture to beliefft C/Oi	Everett, Roy (Mr.)	.C. City Council District	1 C.C. City Council District 1
Date	Payee name		
	(see previous)		
Amount (\$)	, ,	Zip Code	
Amount (a)	Payee address; City; State;	Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this scher	dule) (b) Description	
OF	(See Categories listed at the top of this series	, l <u> </u>	l outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	n, TX, officeholder living expense
		_	
Complete ONLY if direct	Candidate/Officeholder name Of	ffice sought	Office held
expenditure to benefit C/OI		.C. City Council District	
		.c. org oddffor bistrict	-

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 10/18 Rpt: 18/26	Coastal Bend Coalition 00088019	
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held Mendoza, May (Mrs.) C.C. City Council District 4	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held Pena, David (Mr.) C.C. City Council District 5	
Date 10/18/2024	Payee name Go Creative Group	
Amount (\$) \$30,000.00 X Expenditure from corporate funds	Payee address; City; State; Zip Code 5511 Parkcrest Drive Suite 103 Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising #3	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	[;	3 Filer ID (Ethics Commission Filers)		
Sch: 11/18 Rpt: 19/26	Coastal Bend Coalition		00088019		
4 Date	5 Payee name				
10/21/2024	Intuit				
\$350.00	7 Payee address; City; State; Zip Code 2632 Marine Way				
Expenditure from corporate funds	Mountain View, CA 94043				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check if travel of Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense rocessing Fees for 10/21 transaction		
Complete ONLY if direct expenditure to benefit C/Oh		ffice sought	Office held		
Date	Payee name				
10/16/2024	KAP Print LLC				
Amount (\$)		Zip Code			
\$8,471.95	220 Quinn Drive				
X Expenditure from corporate funds	Dripping Springs, TX 78620				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Printing Expense	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense Mail		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ffice sought	Office held		
Date	Payee name				
10/17/2024	KAP Print LLC				
Amount (\$) \$8,443.33	Payee address; City; State; 220 Quinn Drive	Zip Code			
X Expenditure from corporate funds	Dripping Springs, TX 78620				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Printing Expense	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense Mail		
Complete ONLY if direct expenditure to benefit C/OF		ffice sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/18 Rpt: 20/26	Coastal Bend Coalition 00088019
4 Date	5 Payee name
10/18/2024	KAP Print LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,906.48	220 Quinn Drive
X Expenditure from corporate funds	Dripping Springs, TX 78620
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Voter Contact Mail
	Voter Contact Wall
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/25/2024	KAP Print LLC
Amount (\$)	Payee address; City; State; Zip Code
\$6,906.48	220 Quinn Drive
X Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Voter Contact Mail
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/21/2024	KAP Print LLC
Amount (\$)	Payee address; City; State; Zip Code
\$8,443.33	220 Quinn Drive
73, 13.00	
X Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Voter Contact Mail
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense mmittee Legal Services		g Expens s/Wages	e Travel Out of District /Contract Labor OTHER (enter a category ne	ot listed above)
	Credit Card Payment		The Instruction Guide ex	plains how to	comple	ete this form.	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics 0	Commission Filers)
	Sch: 13/18 Rpt: 21/26		Coastal Bend Coalition			00088019	
4	Date	5	Payee name				
	10/02/2024		Look Ahead Strategies				
6	Amount (\$)	7	Payee address; City;	State; Zip	Code		
	\$20,000.00		1500 Wilson Blvd				
Х	Expenditure from		Floor 5				
	- corporate farias	_	Arlington, VA 22209		10.		
8	PURPOSE OF	(a) 	Category (See Categories listed at the top of	this schedule)	(b)	Description Check if travel outside of Texas. Complete Scheo	lule T
	EXPENDITURE		Consulting Expense			Check if Austin, TX, officeholder living expense	idic 1.
						Candidate Research	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ought	Office held	
	Date		Payee name				
	09/30/2024		OlgaKvachCPA LLC				
	Amount (\$)		Payee address; City;	State; Zip	Code		
	\$2,500.00		14493 S PADRE ISLAND DR				
X	Expenditure from corporate funds		Corpus Christi, TX 78418				
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description	
	EXPENDITURE		Accounting/Banking			Check if travel outside of Texas. Complete Scheol Check if Austin, TX, officeholder living expense	lule T.
						Accounting September 2024	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ought	Office held	
	Date		Payee name				
	09/30/2024		Ragnar Research Partners LLC				
	Amount (\$)		Payee address; City;	State; Zip	Code		
	\$28,400.00		103 E Street SE				
<u> </u>	T Expenditure from						
Х	corporate funds		Washington, DC 20003				
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description Check if travel outside of Taylor Complete School	lulo T
	EXPENDITURE		Consulting Expense			Check if travel outside of Texas. Complete Scheol Check if Austin, TX, officeholder living expense	iule 1.
						Survey Research	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ought	Office held	
	CAPERIGITATE TO DETICITE C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/18 Rpt: 22/26	Coastal Bend Coalition 00088019
4 Date	5 Payee name
09/30/2024	Trolley, Dolly Gonzales
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,000.00	3442 San Antonio St
X Expenditure from corporate funds	Corpus Christi, TX 78411
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	September Retainer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/16/2024	United States Postal Service
Amount (\$)	Payee address; City; State; Zip Code
\$9,225.56	4801 EVERHART RD
X Expenditure from corporate funds	Corpus Christi, TX 78411
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	postage for Voter Contact Mail
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/17/2024	United States Postal Service
10/11/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$9,194.40	4801 EVERHART RD
X Expenditure from corporate funds	Corpus Christi, TX 78411
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	postage for Voter Contact Mail
	postage for voter contact mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 15/18 Rpt: 23/26	2 FILER NAME Coastal Bend Coalition 3 Filer ID (Ethics Commission Filers) 00088019
4 Date	5 Payee name
10/18/2024	United States Postal Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8,939.05	4801 EVERHART RD
X Expenditure from	Corpus Christi, TV 70.411
corporate funds	Corpus Christi, TX 78411
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	postage for Voter Contact Mail
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2024	United States Postal Service
Amount (\$)	Payee address; City; State; Zip Code
\$9,194.40	4801 EVERHART RD
X Expenditure from corporate funds	Corpus Christi, TX 78411
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	postage for Voter Contact Mail
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/25/2024	United States Postal Service
Amount (\$)	Payee address; City; State; Zip Code
\$8,939.05	4801 EVERHART RD
X Expenditure from corporate funds	Corpus Christi, TX 78411
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	postage for Voter Contact Mail
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/18 Rpt: 24/26	Coastal Bend Coalition 00088019
4 Date	5 Payee name
10/10/2024	Wight, Kya
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$461.75	4210 boros dr
Expenditure from corporate funds	Corpus Christi, TX 78413
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Wages
	wages
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
10/16/2024	YellowFin Digital
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	13933 Primavera
Expenditure from	
corporate funds	Corpus Christi, TX 78418
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_/	Check if Austin, TX, officeholder living expense
	Social media consulting for Sept/October
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
Commission Chill V II alling	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Elizondo, Larry (Mr.) C.C. City Council-At Large
,	Elizondo, Larry (Mr.) C.C. City Council-At Large

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide			OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 17/18 Rpt: 25/26	Coastal Bend Coalition			00088019	
4 Date	5 Payee name (see previous)		•		
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule) (b)	Description Check if travel outsid Check if Austin, TX, (
	0 51 400 111			0.00	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Barrera, Roland (Mr.)	Office sought C.C. City Co	uncil-At Large	Office he	ty Council District 3
Date	Payee name (see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule) (b)	Description Check if travel outsid Check if Austin, TX, or		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Vaughn, Carolyn (Mrs.)	Office sought C.C. City Co	uncil-At Large	Office he	eld
Date	Payee name (see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule) (b)	Description Check if travel outsid Check if Austin, TX, (
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Everett, Roy (Mr.)	Office sought C.C. City Co	uncil District 1	Office he	eld ty Council District 1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/18 Rpt: 26/26	Coastal Bend Coalition 00088019
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to serioni ere.	Molina, Ben (Mr.) C.C. City Council District 2
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
·	(4)
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Davies same
Date	Payee name (coo provious)
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH Pena, David (Mr.) C.C. City Council District 5	
I	