CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed	1:			OFFICE U	SE ONLY
00088639		132				Date Received	
3 COMMITTEE NAME	TCE VoteClean.org					ELECTRONICAI 11/13/2024	LLY FILED
4 TREASURER NAME	Leal, Jose Rodrigo (Mr.))					
						Date Hand-delivered or [Date Postmarked
5 ORIGINAL REPORT TYPE	January 15		unoff			Receipt #	Amount
	July 15 30th day before election		-		irer resignation	Receipt #	Anount
	X 8th day before election		ssolution repor ther (specify)	L		Date Processed	
6 ORIGINAL PERIOD	Month Day Year		- Month	Day	Year	Date Imaged	
COVERED	09/27/2024	THROUG		/26/2024		Date mageu	
7 EXPLANATION OF	CORRECTION					-	
8 AFFIDAVIT		l e	swoor or offir	m under no	nalty of porium	, that this corrected	roport is truo
			nd correct.	in, under pe	naity of perjury	, that this corrected	report is true
		C	heck the box	next to any	and all applicat	ole statements:	
		Γ	was mad	e in good fai	th and without	affirm, that the origin an intent to mislead ned in the report.	
			report no that the re swear, or	t later than t eport as orig	he 14th busines inally filed is in any error or or	that I am filing this c ss day after the date accurate or incomple nission in the report a	e I learned ete. I
				Ν	/Ir. Jose Rodri	igo Leal	
		-			ture of Campai		
AFFIX NOTARY ST	TAMP / SEAL ABOVE						
Sworn to and subso	cribed before me, by the said	I			, this th	ne	day
of	, 20, to certi	fy which, witness m	y hand and s	eal of office			
Signature of offic	cer administering oath	Printed name of	officer admir	nistering oatl	ז ד ו	Fitle of officer admini	stering oath
	Remember To Att Nee	ach Any Part C ded To Report				ort Form	

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1		2 Total pages filed: 132			
3	COMMITTEE NAME			00088639		OFFICE USE ONLY		
Í	TCE VoteClean.org	g						
		-						
						ELECTRONICALLY FILED		
						11/13/2024		
4	COMMITTEE ADDRESS		TY;	STATE; ZIP CC	DDE			
		PO Box 42278				Date Hand-delivered or Date Postmarked		
	Change of Address							
	<u> </u>	Austin, TX 78704				Receipt # Amount		
						Date Processed		
						Date Imaged		
5	CAMPAIGN	MS/MRS/MR FIRST				MI		
ľ	TREASURER	Mr. Jose Rodrigo			1			
	NAME		•					
		NICKNAME LAST				SUFFIX		
		Leal						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #;	CITY;	STATE; ZIP CODE		
ľ	TREASURER	4812 Eastdale Drive	,		æ., ,			
	STREET ADDRESS							
	(Residence or Business)	Austin, TX 78723						
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE		
ľ	TREASURER			AFT/SUILE#,	UIT,	STATE, ZIP CODE		
	MAILING ADDRESS	4812 Eastdale Drive						
	Change of Address	Austin, TX 78723						
8	CAMPAIGN	AREA CODE PHONE NUMBER	ΕX	TENSION				
	TREASURER PHONE	(512) 660-9499						
9		January 15	30th	day before election		Dissolution (Attach PAC-DR)		
	TYPE		3th d	ay before election		10th day after campaign treasurer		
		July 15		-		termination		
			Runo	itt				
10	PERIOD	Month Day Year		Month	Day	Year		
	COVERED	09/27/2024	THR	OUGH 10/2	6/2024	L		
11	ELECTION	ELECTION DATE			'PE			
		Month Day Year	Prin	nary Runoff		Other		
		11/05/2024	Gen	eral Special				
		1 I						
		GO	то	PAGE 2				
For	rms provided by Te	kas Ethics Commission www.	ethio	cs.state.tx.us		Version V4.1.0.48da51f7		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 File	r ID	(Ethics Commission Filers)	
TCE VoteClean.org				000	88639		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Eli McKay Corpus	s Christi City Co	ouncil Di	strict 1	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTE ADE ELECTRO		THAN	\$	0.00	
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL E	PENDITURES		\$	0.00	
	4. TOTAL POLITICA	L EXPENDITU	JRES		\$	206,625.96	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		IS MAINTAINED AS OF T	HE LAST DAY	\$	144,286.90	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE F		L OUTSTANDING LOAN RIOD	S AS OF THE	\$	0.00	
16 AFFIDAVIT							
		tr	swear, or affirm, under per ue and correct and include nder Title 15, Election Coc	es all information			
				Ar loss Dodrige			
		_		Ir. Jose Rodrigo		<u>or</u>	
			Signa	are of Campaign	incusuit		
AFFIX NOTARY	STAMP / SEAL ABOVE						
Sworn to and subscribed						day	
of	, 20, to certify v	vhich, witness m	ny hand and seal of office.				
Signature of officer ad	ninistering oath	Printed name of	f officer administering oath	n Title	e of office	er administering oath	
Forms provided by Texas E	thics Commission	www.e	thics.state.tx.us			Version V4.1.0.48da51f7	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 4 of 132

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
TCE VoteClean.org				00088639	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Sylvia Campos Corpus Chri	isti City Council	District 2
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Eric Magnusson Corpus Christi	City Council Di	strict 4
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Jim Klein Corpus Christi City Co	ouncil 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.)				
			(othing state ty us		Varaian V/4 1 0 49daE1f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 5 of 132

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
TCE VoteClean.org				00088639	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Isabel Araiza Corpus Christi Ma	yor	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jennifer Gracia Corpus Christi C	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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rachel Caballero Corpus Christ	i City Council A	t-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.)				
Forms provided by Texas E	thics Commission	1	/ethics.state.tx.us		Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 6 of 132

12 COMMITTEE NAME					1	3 Filer ID	(Ethics Commission Filers)		
TCE VoteClean.org						00088639			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	orted						
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	sed	Roland Barrera Corpus Christi City Council At-Large					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo							
		B. Oppos	sed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	orted						
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	sed	Mark Scott Corpus Christi Cit	ity Co	uncil At-Largo	e		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted						
		B. Oppos	sed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	orted						
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	sed	Larry Elizondo Corpus Christ	sti City	Council At-L	arge		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted						
		B. Oppos	sed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
		L							

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 7 of 132

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
TCE VoteClean.org				00088639	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Carolyn Vaughn Corpus Christi	City 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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Ben Molina Corpus Christi 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jimmy Morales Robstown City (Council, Place 3	3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 8 of 132

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
TCE VoteClean.org				00088639	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Alvin Morin Robstown City Cour	ncil, Place 1	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Yvette Villalobos Robstown City	Council, Place	4
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Everett Roy Corpus Christi City	Council District	1
	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.)				
Forms provided by Texas F			ethics state ty us		Version V4 1 0 48da51f7

SI	JBT	OTALS - GPAC	с		RM GPAC HEET PG 3 9 of 132
		EE NAME Clean.org	18 Filer ID 00088639	(Ethics Co	nmission Filers)
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,500.00
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC	R	\$	138,000.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	201,788.77
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	4,837.19
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 10/132
2	FILER NAME			3 Filer ID (Ethics Commission Filers) 00088639
4	Date 10/14/2024	6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$5,000.00	
8	Principal occu retired	Houston, TX 77005 upation / Job title (See Instructions)	9 Employer (See Instructions N/A	3)
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#: Schneider, Robin Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00	
	Principal occu Executive Di	upation / Job title (See Instructions)	Employer (See Instructions Texas Campaign for the	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 11/132
FILER NAME		3 Filer ID (Ethics Commission Filers)
TCE VoteCl	ean.org	00088639
Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
10/11/2024	Local jobs and Economic Development	\$60,000.00
	6 Corporation / Labor Organization address; City; State; Zip Code	
	Dover, DE 19901	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/07/2024	Movement Voter Project	\$70,000.00
	Corporation / Labor Organization address; City; State; Zip Code	
	Northhampton, MA 01060	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/22/2024	Movement Voters Project	\$8,000.00
	Corporation / Labor Organization address; City; State; Zip Code	
	Northhampton, MA 01060	

				EXPE	NDITURE CAT	FEGORI	es for	R BC	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission Filers)
	Sch: 1/45 Rpt: 12/132		TCE VoteCl								00088639	
4	Date	5	Payee name									
	10/24/2024		Alvarado, B	eatriz								
6	Amount (\$)	7	Payee addres	ss; C	ity;	State;	Zip Co	ode				
	\$2,056.56		910 Ohio Av	venue								
			Apt 2									
Х	Expenditure from corporate funds		Corpus Chri	isti, TX [·]	78404							
8	PURPOSE		-					(h)	Description			
Ů	OF				es listed at the top of ntract Labor	this sched	ule)	(5)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Sulunes/we	igc3/00					Check if Austin,	, тх,	officeholder living	j expense
												igns without the
									candidates kr	now	ledge or co	nsent
9	Complete ONLY if direct		andidate/Offi	ceholder	name	Off	ice sou	ight			Office he	eld
	expenditure to benefit C/OF	ΗN	/IcKay, Eli			CC	DRPUS	S CF	HRISTI CITY			
	Date		Payee name									
			(see previou	ls)								
	Amount (\$)		Payee addres	-	City;	State;	7: 0					
	Expenditure from corporate funds		-	,				•				
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se}	ee Categorie	es listed at the top of	f this sched	ule)	(b)			de of Texas. Com officeholder living	
	Complete ONLY if direct		andidate/Offi	ceholder	name	Off	ice sou	ight			Office he	eld
	expenditure to benefit C/OF	H C	Campos, Sylv	via		CC	DRPUS	S CF	HRISTI CITY		CORPL	JS CHRISTI CITY
	Date		Payee name									
			(see previou	us)								
	Amount (\$)		Payee addres		city;	State;	Zin Co	ode				
	, inount (¢)		r ujee uddree	50, C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	otato,	2.p 00	000				
	Expenditure from corporate funds											
	PURPOSE	(a)	Category (Se	ee Categorie	es listed at the top of	f this sched	ule)	(b)	Description			
	OF		0 , ()		Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE								Check if Austin,	, тх,	officeholder living) expense
	Complete ONLY if direct		andidate/Offi	ceholder	name	Off	ice sou	ight			Office he	eld
	expenditure to benefit C/OF	⊣ N	lagnusson,	Eric		CC	DRPUS	S CF	HRISTI CITY			

POLITICAL EXI	PENDITURES FROM PO NS	DLITICAL	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee Legal Services	GORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	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: Sch: 2/45 Rpt: 13/132		· .	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	Check if travel of	utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name ^H Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	Check if travel of	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name ^H Araiza, Isabel	Office sought CORPUS CHRISTI MAYOF	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	Check if travel of	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name ^H Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transpo Travel i Travel (ortation Ec n District Out of Dist	aising Expense µipment & Related Expense rrict category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		-		-	3 Filer I	D	(Ethics Commission Filers)
Sch: 3/45 Rpt: 14/132	TCE VoteCl					0008		(,
4 Date	5 Payee name (see previou	IS)						
6 Amount (\$)	7 Payee addres	ss; City;	State;	Zip Co	de			
Expenditure from corporate funds								
8 PURPOSE OF EXPENDITURE	(a) Category _{(Se}	e Categories listed at the t	top of this sche	dule)	(b) Description			llete Schedule T. expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic ^H Caballero, Ra			ffice sou	ght CHRISTI CITY	0	ffice he	ld
Date	Payee name							
10/24/2024	Benavides,	Cody						
Amount (\$) \$71.76	Payee addres 7422 San R		State;	Zip Co	de			
X Expenditure from corporate funds	Corpus Chri	sti, TX 78414						
PURPOSE OF EXPENDITURE		e Categories listed at the I ges/Contract Lab		dule)	Check if Austin	, TX, officehol port the c	Ider living	gns without the
Complete ONLY if direct	Candidate/Offic	ceholder name	0	ffice sou	ght	0	ffice he	ld
expenditure to benefit C/OI	^H McKay, Eli		С	ORPUS	CHRISTI CITY			
Date	Payee name (see previou	IS)						
Amount (\$)	Payee addres	s; City;	State;	Zip Co	de			
PURPOSE OF EXPENDITURE	(a) Category _{(Se}	e Categories listed at the l	top of this sche	dule)	(b) Description			lete Schedule T. expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic Campos, Sylv			ffice sou	^{pht} CHRISTI CITY		ffice he ORPU	ld S CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS** EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Event Expense Fees Food/Beverage Expense Contributions/ Dona Candidate/Office Credit Card Payme 1 Total pages Sch Sch: 4/45 Rpt 4 Date 6 Amount (\$) 17 Payee address; City; State; Zip Code

e ations Made By - eholder/Political Committee ent		Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Trave	Travel Out of District OTHER (enter a category not listed above)					
nedule F1:	2	FILER NAM	E					:	3 File	r ID	(Ethics Corr	mission Filers)
: 15/132		TCE VoteC	lean.c	org					000	88639		
	5	Payee name (see previo										
	7	Davoa addro		Citur	Ctata	Zin Cod	0					

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. Com Check if Austin, TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		eld
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder living	•
Complete <u>ONLY</u> if direct expenditure to benefit C/O		eld JS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder living	•
Complete <u>ONLY</u> if direct expenditure to benefit C/O		eld

		EXPENDITURE CA	TEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Office (Polling se Printing Salarie	epayment/Reimbursement Dverhead/Rental Expense Expense I Expense sWages/Contract Labor complete this form.	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: 5/45 Rpt: 16/132	TCE VoteC				00088639
4 Date	5 Payee name	_			
- Dato	(see previo	us)			
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip (Code	
Expenditure from corporate funds					
8 PURPOSE	(a) Category (Se	e Categories listed at the top o	of this schedule)	(b) Description	
OF EXPENDITURE					outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Offi	ceholder name	Office s	ought	Office held
expenditure to benefit C/OI	^H Gracia, Jenn	ifer	CORPU	JS CHRISTI CITY	
Date	Payee name				
Dato	(see previo	(s)			
Δ		-	Oto to	Deale	
Amount (\$)	Payee addre	ss; City;	State; Zip (Soure	
Corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (Si	ee Categories listed at the top o	of this schedule)		outside of Texas. Complete Schedule T. h, TX, officeholder living expense
Complete ONLY if direct	Candidate/Offi	ceholder name	Office s	ought	Office held
expenditure to benefit C/OF	H Caballero, R	achel	CORPU	JS CHRISTI CITY	
Date	Payee name				
10/24/2024	Benavides,	Cody			
Amount (\$)	Payee addre		State; Zip (Code	
\$669.76	7422 San R				
Expenditure from corporate funds	Corpus Chr	isti, TX 78414			
PURPOSE OF EXPENDITURE		ee Categories listed at the top o ages/Contract Labor	of this schedule)		outside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ceholder name	Office se ROBS	Dught FOWN SCHOOL BO	Office held DARD

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District JSWages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/45 Rpt: 17/132	TCE VoteClean.org	00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so ^H MORALES, JIMMY ROBST	ought Office held
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	^H VILLALOBOS, YVETTE ROBST	FOWN SCHOOL BOARD
Date	Payee name	
10/24/2024	Burks, Isaiah	
Amount (\$) \$3,716.80	Payee address; City; State; Zip 0 7117 Wood Hollow Dr Apt 728	Code
X Expenditure from corporate funds	Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so ^H McKay, Eli CORPU	ought Office held US CHRISTI CITY

POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POL NS	ITICAL	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1: Sch: 7/45 Rpt: 18/132	2 FILER NAME TCE VoteClean.org	3	Filer ID(Ethics Commission Filers)00088639
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name ¹ Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name ^H Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name ^H Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

		EXPENDITURE CATEO	GORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	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 NAM	Ξ			3 Filer ID (Ethics Commission Filers)
Sch: 8/45 Rpt: 19/132	TCE VoteC				00088639
4 Date	5 Payee name				
	(see previo				
6 Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	ode	
Expenditure from corporate funds					
8 PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b) Description	
OF EXPENDITURE					outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct		iceholder name	Office sou	ught	Office held
expenditure to benefit C/OF	^H Araiza, Isab	el	CORPU	S CHRISTI MAYO	R
Date	Payee name				
	(see previo				
۸		-	-te: Zin C		
Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	ode	
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (s	ee Categories listed at the top of this	s schedule)		outside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete ONLY if direct		ïceholder name	Office sou	ught	Office held
expenditure to benefit C/OF	^H Gracia, Jenr	nifer	CORPU	S CHRISTI CITY	
Date	Payee name				
Duit	(see previo				
Amount (\$)	Payee addre	ess; City; Sta	ate; Zip C	ode	
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (s	see Categories listed at the top of this	s schedule)		outside of Texas. Complete Schedule T. h, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ïceholder name achel	Office sou	ught S CHRISTI CITY	Office held

			EXPENDITURE C	ATEGOR	RIES FOF	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/45 Rpt: 20/132	TCE VoteC	lean.org					00088639	
4	Date 10/24/2024	5 Payee name Carroll, Tre	vor						
6 X	Amount (\$) \$246.40 Expenditure from	7 Payee addre 2214 Flame	enco Street	State;	Zip Co	de			
	corporate funds	Katy, TX 77	493						
8	PURPOSE OF EXPENDITURE		ee Categories listed at the to ages/Contract Labo		edule)	Check if Austin	а, тх, por		expense igns without the
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ceholder name		office sou	ght S CHRISTI CITY		Office he	eld
	Date	Payee name							
		(see previo	us)						
	Amount (\$) Expenditure from corporate funds	Payee addre	ss; City;	State;	Zip Co	de			
	PURPOSE OF EXPENDITURE	(a) Category _{(S}	ee Categories listed at the to	p of this sche	edule)			de of Texas. Com officeholder living	
	Complete ONLY if direct	Candidate/Off	ceholder name	0	office sou	ght		Office he	eld
	expenditure to benefit C/OF	^H Campos, Syl	via	С	ORPUS	CHRISTI CITY		CORPL	IS CHRISTI CITY
	Date	Payee name (see previo	us)						
	Amount (\$) Expenditure from corporate funds	Payee addre	ss; City;	State;	Zip Co	de			
	PURPOSE OF EXPENDITURE	(a) Category _{(S}	ee Categories listed at the to	p of this sche	edule)			de of Texas. Com officeholder living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ceholder name Eric		office sou	ght 5 CHRISTI CITY	_	Office he	eld

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1					
	EXPENDITURE CATEGORIES FOR BO	X 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaymen Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	t/Reinbursement Solicitation/Fundraising Expense /Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 10/45 Rpt:	TCE VoteClean.org	00088639				
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
Expenditure from corporate funds						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought ^H Klein, Jim CORPUS CH	Office held IRISTI CITY CORPUS CHRISTI CITY				
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Araiza, Isabel CORPUS CH	Office held IRISTI MAYOR				
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Gracia, Jennifer CORPUS CH	Office held IRISTI CITY				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Replains how to complete this form.	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: 11/45 Rpt:	TCE VoteClean.org		00088639		
4 Date	5 Payee name (see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
corporate funds					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o	Check if travel	outside of Texas. Complete Schedule T. TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held		
Date	Payee name				
10/24/2024	Clowdus, Charlie				
Amount (\$) \$1,088.10	Payee address; City; 6130 Coralridge Dr	State; Zip Code			
Corporate funds	Corpus Christi, TX 78413				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T. TX, officeholder living expense port the campaigns without the nowledge or consent		
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held		
expenditure to benefit C/O	^H McKay, Eli	CORPUS CHRISTI CITY			
Date	Payee name (see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o	Check if travel	outside of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY		

POLITICAL EXI CONTRIBUTIO	SCHEDULE F1					
Advertising Expense		Repayment/Reimbursement	Solicitation/Fundraising Expense			
Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	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: 12/45 Rpt:	2 FILER NAME TCE VoteClean.org	3	Filer ID(Ethics Commission Filers)00088639			
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 of this schedule)		ide of Texas. Complete Schedule T. , officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	U ought US CHRISTI CITY	Office held			
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)		ide of Texas. Complete Schedule T. , officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought US CHRISTI CITY	Office held CORPUS CHRISTI CITY			
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip	Code				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		ide of Texas. Complete Schedule T. , officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel CORPUS CHRISTI MAYOR					

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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 13/45 Rpt: TCE VoteClean.org 00088639 4 Date 5 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** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 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 Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel CORPUS CHRISTI CITY Date Payee name 10/24/2024 Cota, Ale Amount (\$) Payee address; City: State; Zip Code \$2,276.95 6635 S Staples St #1214 Expenditure from Х corporate funds Corpus Christi, TX 78413 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 Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli CORPUS CHRISTI CITY

POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL NS	SCHEDULE F1
	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/45 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought ^H Campos, Sylvia CORPUS CHRISTI	Office held CITY CORPUS CHRISTI CITY
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H Magnusson, Eric CORPUS CHRISTI	Office held CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
corporate funds		
PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	
	H Klein, Jim CORPUS CHRISTI	CITY CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDU Advertising Expense Accounting/Banking EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Exes Loan Repayment/Reimbursement Contraction Fourignment & Relation Fourig

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp			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	s how to com	plete this form.	_	
1	Total pages Schedule F1:	2 FILER NAMI	E			3	Filer ID (Ethics Commission Filers)
	Sch: 15/45 Rpt:	TCE VoteC	lean.org				00088639
4	Date	5 Payee name				•	
		(see previo	us)				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Cod	е		
	Expenditure from corporate funds						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this sc	chedule) (b) Description	outo	ide of Toylog, Complete Schoolule T
	EXPENDITURE						ide of Texas. Complete Schedule T. , officeholder living expense
9				Office soug	ht		Office held
	expenditure to benefit C/OI	^H Araiza, Isabe	el	CORPUS	CHRISTI MAYC	R	
	Date	Payee name					
		(see previo	us)				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Cod	e		
	Expenditure from corporate funds						
	PURPOSE	(a) Category (S	ee Categories listed at the top of this sc	chedule) (b) Description		
	OF EXPENDITURE						ide of Texas. Complete Schedule T.
	-				Check if Austir	η, ΤΧ	, officeholder living expense
	Complete ONLY if direct	Candidate/Off	iceholder name	Office soug	ht		Office held
	expenditure to benefit C/Oł				CHRISTI CITY		
	Date	i					
	Dale	Payee name (see previo					
	Amount (\$)	Payee addre	-	o: Zin Cod	0		
	Amounit (\$)	Payee audre	ess; City; State	e; Zip Cod	e		
	Expenditure from corporate funds						
	PURPOSE OF	(a) Category (S	see Categories listed at the top of this sc	chedule) (b) Description		
	EXPENDITURE						ide of Texas. Complete Schedule T. , officeholder living expense
						1, 17	, onceroider iving expense
	Complete ONLY if direct	Candidate/Off	iceholder name	Office soug	ht		Office held
	expenditure to benefit C/OI	^H Caballero, R			CHRISTI CITY		

			E	XPENDITURE CA	TEGOR	IES FOF	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Food, Gift/A nmittee Legal	Expense Beverage Expense wards/Memorials Expens Services Instruction Guide ex	se	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 16/45 Rpt:		TCE VoteClean	.org					00088639	
4	Date	5	Payee name							
	10/24/2024		Espino, Jennife							
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	le			
	\$267.30		1805 Amazon D	prive						
X	Expenditure from corporate funds		Corpus Christi,	TX 78412						
8	PURPOSE OF	(a)		egories listed at the top o	of this schee	dule)	(b) Description			
	EXPENDITURE		Salaries/Wages	/Contract Labor					de of Texas. Comp officeholder living	
								por	t the campai	igns without the
9	Complete ONLY if direct	(Candidate/Officeho	lder name	Of	ffice sou	Jht		Office he	ld
	expenditure to benefit C/OF	H N	/IcKay, Eli		C	ORPUS	CHRISTI CITY			
	Date		Payee name							
			(see previous)							
	Amount (\$)		Payee address;	City;	State:	Zip Co	le			
	Expenditure from corporate funds									
	PURPOSE OF EXPENDITURE	(a)	Category (See Cat	egories listed at the top o	of this scheo	dule)			de of Texas. Comp officeholder living	
	Complete ONLY if direct	(Candidate/Officeho	lder name	Of	ffice sou	Jht		Office he	ld
	expenditure to benefit C/OF	4 (Campos, Sylvia		C	ORPUS	CHRISTI CITY		CORPU	IS CHRISTI CITY
	Date		Payee name							
			(see previous)							
	Amount (\$)		Payee address;	City;	State;	Zip Co	le			
	Expenditure from corporate funds									
	PURPOSE OF EXPENDITURE	(a)	Category (See Cat	egories listed at the top o	of this schee	dule)			de of Texas. Comp officeholder living	
	Complete ONLY if direct		Candidate/Officeho	lder name	Of	ffice sou	Jht		Office he	ld
	expenditure to benefit C/OF	H N	/lagnusson, Eric		C	ORPUS	CHRISTI CITY			

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1			
	EXPENDITURE CATEGORIES FOR BO	DX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayme Fees Office Overhea Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	nt/Reinbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 17/45 Rpt:	TCE VoteClean.org	00088639	
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held	
expenditure to benefit C/O	H Klein, Jim CORPUS CH	HRISTI CITY CORPUS CHRISTI CITY	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Araiza, Isabel CORPUS Cl	Office held HRISTI MAYOR	
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought ^H Gracia, Jennifer CORPUS CI	Office held HRISTI CITY	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CA	ATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract explains how to complete this f	xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 18/45 Rpt:	TCE VoteClean.org		00088639
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Che	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Caballero, Rachel	Office sought CORPUS CHRIST	Office held CITY
Date	Payee name		
10/24/2024	Hensiek, Autumn		
Amount (\$) \$550.16	Payee address; City; 325 Louisiana Ave	State; Zip Code	
Expenditure from corporate funds	Corpus Christi, TX 78404		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Salaries/Wages/Contract Labor	Che Che Salary	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense / to support the campaigns without the dates knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	H McKay, Eli	CORPUS CHRIST	
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Che	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Campos, Sylvia	Office sought CORPUS CHRIST	Office held CITY CORPUS CHRISTI CITY

POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL NS	SCHEDULE F1
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: Sch: 19/45 Rpt:	2 FILER NAME 3 TCE VoteClean.org	Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought ^H Magnusson, Eric CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Klein, Jim CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Araiza, Isabel CORPUS CHRISTI MAYOR	Office held

	EXPENDITURE CATEGORIES F	OR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office (Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solicitation/Fundraising Expense Sverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Swages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 20/45 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office si ^H Gracia, Jennifer CORPL	JS CHRISTI CITY
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip o	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office si ^H Caballero, Rachel CORPU	JS CHRISTI CITY
Date	Payee name	
10/24/2024	Hernandez, Jake	
Amount (\$) \$1,914.25	Payee address; City; State; Zip (488 Palmetto St	Code
X Expenditure from corporate funds	Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office se ^H McKay, Eli CORPL	JS CHRISTI CITY

POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL	SCHEDULE F1
	EXPENDITURE CATEGORIES FOR B	OX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaym Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expen	Intervention Solicitation/Fundraising Expense ad/Rental Expense Transportation Equipment & Related Expense se Travel in District nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 21/45 Rpt:	TCE VoteClean.org	00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough ^I Campos, Sylvia CORPUS C	t Office held CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough ^H Magnusson, Eric CORPUS C	t Office held CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	-	CHRISTI CITY CORPUS CHRISTI CITY

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 22/45 Rpt:	TCE VoteClean.org	00088639	
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought ^H Araiza, Isabel CORPUS CHRIST	Office held I MAYOR	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
Corporate funds PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought ^H Gracia, Jennifer CORPUS CHRIST	Office held I CITY	
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought ^H Caballero, Rachel CORPUS CHRIST	Office held I CITY	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: Sch: 23/45 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) TCE VoteClean.org 00088639
4 Date	5 Payee name
10/15/2024	Human Age Digital
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$42,500.00	2700 Post Oak Blvd
	21st Floor
X Expenditure from corporate funds	Houston, TX 77056
8 PURPOSE	
OF	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Digital Advertising to benefit this slate of candidates without their knowledge or consent
	without their knowledge of consent
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	¹ McKay, Eli CORPUS CHRISTI CITY
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (\$)	rayee audress, City, State, Zip Code
Expenditure from corporate funds	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	^H 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	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL SCHI				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaym Fees Office Overhee Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expen	ent/Reimbursement ad/Rental Expense se Transportation Equipment & Related Expense Travel in District se/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 24/45 Rpt:	TCE VoteClean.org	00088639		
4 Date	5 Payee name (see previous)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought ^H Klein, Jim CORPUS C	Office held HRISTI CITY CORPUS CHRISTI CITY		
Date	Payee name (see previous)			
Amount (\$)	Payee address; City; State; Zip Code			
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought ^H Araiza, Isabel CORPUS C	Office held HRISTI MAYOR		
Date	Payee name (see previous)			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer CORPUS CHRISTI CITY				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex al Committee Legal Services	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 25/45 Rpt:	TCE VoteClean.org		00088639	
4 Date	5 Payee name (see previous)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Date	Payee name			
10/15/2024	Kelly Graphics			
Amount (\$)	Payee address; City; State; Zip Code			
\$101,522.16				
Expenditure from corporate funds	Austin, TX 78746			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Advertising Expense	Check if rav Check if Aus Post Card I	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Mailing to benefit this slate of candidates ir knowledge or consent	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OH McKay, Eli CORPUS CHRISTI CITY			1	
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ^H Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY	

POLITICAL EXE	SCHEDULE F1						
	EXPENDITURE CAT	EGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Expense I Committee Legal Services	Loan Repayment/Reinbursemen Office Overhead/Rental Expense Polling Expense					
1 Total pages Schedule F1: Sch: 26/45 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639				
4 Date	5 Payee name (see previous)						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tra	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name ¹ Magnusson, Eric	Office sought CORPUS CHRISTI CIT	Office held Y				
Date	Payee name (see previous)						
Amount (\$)	Payee address; City;	State; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tra	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought CORPUS CHRISTI CIT	Office held Y CORPUS CHRISTI CITY				
Date	Payee name (see previous)						
Amount (\$)	Payee address; City;	State; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tra	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ⁴ Araiza, Isabel	Office sought CORPUS CHRISTI MA	Office held YOR				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol g - Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement eoverhead/Rental Expense ng Expense ting Expense trige Sylense trige Sylen			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 27/45 Rpt:	TCE VoteClean.org	00088639			
4 Date	5 Payee name (see previous)	·			
6 Amount (\$)					
corporate funds					
8 PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		PUS CHRISTI CITY			
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zi	O Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct		sought Office held			
expenditure to benefit C/O	^H Caballero, Rachel COF	PUS CHRISTI CITY			
Date 10/07/2024	Payee name Kelly Graphics				
Amount (\$)	Payee address; City; State; Zi) Code			
\$7,976.00	1409 Quaker Ridge				
X Expenditure from corporate funds	Austin, TX 78746				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Printing Expense	 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing to benefit this slate of candidates without their knowledge or consent 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought Office held PUS CHRISTI CITY			

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1						
	EXPENDITURE CATEGORIES FOR	3QX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayr Fees Office Overh Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expe	nent/Reimbursement Solicitation/Fundraising Expense ead/Rental Expense Transportation Equipment & Related Expense rse Travel in District nse Travel Out of District res/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 28/45 Rpt:	TCE VoteClean.org 00088639					
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
Expenditure from corporate funds						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (k	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Campos, Sylvia CORPUS (t Office held CHRISTI CITY CORPUS CHRISTI CITY				
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (the schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Magnusson, Eric CORPUS (t Office held CHRISTI CITY				
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip Code	2				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (k	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held CHRISTI CITY CORPUS CHRISTI CITY				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment		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)
1 Total names Cabadula E1.	· · ·		Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 29/45 Rpt:	TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought CORPUS CHRISTI MAYOR	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	u	ffice sought ORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought CORPUS CHRISTI CITY	Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense Gift/Awards/Memorials Expense I	oan Repayment/Reimbursement office Overhead/Rental Expense 'olling Expense 'rinting Expense alaries/Wages/Contract Labor w to complete this form.	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: 30/45 Rpt:	TCE VoteClean.org	, i i i i i i i i i i i i i i i i i i i	00088639
4 Date	5 Payee name		
10/24/2024	Kelly Graphics	7. 0.1	
6 Amount (\$) \$25,426.87	7 Payee address; City; State; 1409 Quaker Ridge	Zip Code	
Expenditure from corporate funds	Austin, TX 78746		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Printing Expense	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
9 Complete <u>ONLY</u> if direct		ice sought	Office held
expenditure to benefit C/O	^H Klein, Jim Co	rpus Christi City Council	Corpus Christi City Council
Date	Payee name		
	(see previous)		
Amount (\$)		Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct		ice sought	Office held
expenditure to benefit C/O	H Gracia, Jennifer Co	rpus Christi City Council	
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 sched	Check if travel outs	side of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought	Office held
	^T Caballero, Rachel Co	rpus Christi City Council	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 31/45 Rpt:	TCE VoteClean.org 00088639				
4 Date 10/24/2024	5 Payee name Kelly Graphics				
	7 Payee address; City; State; Zip Code				
6 Amount (\$) \$4,268.35	1409 Quaker Ridge				
Expenditure from corporate funds	Austin, TX 78746				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/18/2024	L2, Inc				
Amount (\$)	Payee address; City; State; Zip Code				
\$473.24	5 Schalks Crossing Rd, Ste 220				
X Expenditure from corporate funds	Plainsboro, NJ 08536				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data collection to benefit this slate of candidates without their knowledge or consent 				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	H McKay, Eli CORPUS CHRISTI CITY				
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldICampos, SylviaCORPUS CHRISTI CITYCORPUS CHRISTI CITY				

POLITICAL EXI	SCHEDULE F1				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee Legal Services	EGORIES FOR BOX 8(a) Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.			
1 Total pages Schedule F1: Sch: 32/45 Rpt:	•		3 Filer ID (Ethics Commission Filers) 00088639		
4 Date	5 Payee name (see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name ^H Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held		
Date	Payee name (see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY		
Date	Payee name (see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
Complete ONLY if directCandidate/Officeholder nameOffice soughtOffice heldexpenditure to benefit C/OHAraiza, IsabelCORPUS CHRISTI MAYOR					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 33/45 Rpt:	TCE VoteClean.org 00088639				
4 Date	5 Payee name (see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H Gracia, Jennifer CORPUS CHRISTI CITY				
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H Caballero, Rachel CORPUS CHRISTI CITY				
Date 10/24/2024	Payee name Schneider, Robin				
Amount (\$) \$1,396.79	Payee address; City; State; Zip Code 2609 Sherwood Lane				
Expenditure from corporate funds	Austin, TX 78704				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H McKay, Eli CORPUS CHRISTI CITY				

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1						
	EXPENDITURE CATEGORIES FOR B	OX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaym Fees Office Overhe Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Exper	ent/Reimbursement ad/Rental Expense se Se Transportation Equipment & Related Expense Travel in District ses/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 34/45 Rpt:	TCE VoteClean.org 00088639					
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
Expenditure from corporate funds						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought ^H Campos, Sylvia CORPUS C	CORPUS CHRISTI CITY				
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	: Office held HRISTI CITY				
Data	-					
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
expenditure to benefit C/O		CORPUS CHRISTI CITY				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 35/45 Rpt:	TCE VoteC						00088639	
4	Date	5 Payee name (see previo							
6	Amount (\$) Expenditure from corporate funds	7 Payee addre	ess; City;	State;	Zip Co	de			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name el		Office sou	ght 5 CHRISTI MAYO	R	Office he	eld
	Date	Payee name (see previo							
	Amount (\$) Expenditure from corporate funds	Payee addre	-		Zip Co				
	PURPOSE OF EXPENDITURE	(a) Category (s	ee Categories listed at the	top of this sch	edule)			de of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name lifer		Office sou	ght 5 CHRISTI CITY		Office he	eld
	Date	Payee name (see previo							
	Amount (\$) Expenditure from corporate funds	Payee addre	ess; City;	State;	Zip Co	de			
	PURPOSE OF EXPENDITURE	(a) Category (s	ee Categories listed at the	top of this sch	edule)			de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		iceholder name achel		Office sou	ght 5 CHRISTI CITY		Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense Gift/Awards/Memorials Expense I	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor w to complete this form.	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: 36/45 Rpt:	TCE VoteClean.org		00088639
4 Date 10/17/2024	5 Payee name Steve Garza General Maintenance		
6 Amount (\$) \$611.33	 Payee address; City; State; 2606 Montgomery St 	Zip Code	
Corporate funds	Corpus Christi, TX 78405		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched CONTRACT	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense I signs to benefit this slate of Iout their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought DRPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds PURPOSE OF	Payee address; City; State; (a) Category (See Categories listed at the top of this sched)	· –	
EXPENDITURE			side of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought DRPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought DRPUS CHRISTI CITY	Office held

POLITICAL EXPENDITURES FROM POLITICAL SCHED				
	EXPENDITURE CATEGORIES FOR BO	X 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 37/45 Rpt:	TCE VoteClean.org	00088639		
4 Date	5 Payee name (see previous)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Expenditure from corporate funds				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought ^H Klein, Jim CORPUS CH	Office held RISTI CITY CORPUS CHRISTI CITY		
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip Code			
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI	^H Araiza, Isabel CORPUS CH	RISTI MAYOR		
Date	Payee name (see previous)			
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought ^I Gracia, Jennifer CORPUS CH	Office held RISTI CITY		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 38/45 Rpt:	TCE VoteClean.org 00088639					
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
Expenditure from corporate funds						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Caballero, Rachel CORPUS CHRISTI CITY					
Date	Payee name					
10/24/2024	Thomas, Leewana					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,003.92	\$1,003.92 4527 Osage Ave					
X Expenditure from corporate funds	Philadelphia, PA 19143					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 					
	Salary to support the campaigns without the candidates knowledge or consent					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	H McKay, Eli CORPUS CHRISTI CITY					
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY					

POLITICAL EXE	SCHEDULE F1				
	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ig Expense ig Expense ies/Wages/Contract Labor	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:		3	Filer ID (Ethics Commission Filers)		
Sch: 39/45 Rpt:	TCE VoteClean.org	3	00088639		
4 Date	5 Payee name (see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		ide of Texas. Complete Schedule T. , officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		sought PUS CHRISTI CITY	Office held		
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; State; Zip	Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		ide of Texas. Complete Schedule T. , officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought PUS CHRISTI CITY	Office held CORPUS CHRISTI CITY		
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; State; Zip	Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		ide of Texas. Complete Schedule T. , officeholder living expense		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel CORPUS CHRISTI MAYOR					

	EXPEND	TURE CATEGORIES FOR	R BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Expense Office Over Polling Exponse Printing Expense	pense /ages/Contract Labor	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: 40/45 Rpt:	TCE VoteClean.org							
4 Date	5 Payee name	Payee name						
	(see previous)							
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de					
corporate funds								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ed at the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nan ¹ Gracia, Jennifer		ght 5 CHRISTI CITY	Office held				
Date	Payee name							
	(see previous)							
Amount (\$)	Payee address; City;	State; Zip Co	de					
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ed at the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder nan	ne Office sou	ght	Office held				
expenditure to benefit C/O	¹ Caballero, Rachel	CORPUS	CHRISTI CITY					
Date	Payee name							
10/24/2024	Toren, Cuauhtemoc							
Amount (\$) \$1,626.24	Payee address; City; 7103 Circle S Rd	State; Zip Co	de					
X Expenditure from corporate funds	Austin, TX 78745							
PURPOSE OF EXPENDITURE	(a) Category (See Categories list Salaries/Wages/Contra		Check if Austin, Salary to supp	utside of Texas. Complete Schedule T. TX, officeholder living expense port the campaigns without the owledge or consent				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan ¹ McKay, Eli		ght 5 CHRISTI CITY	Office held				

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1					
	EXPENDITURE CATEGORIES FOR B	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaym Fees Office Overhe Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Exper	ent/Reimbursement ad/Rental Expense se Se Transportation Equipment & Related Expense Travel in District ses/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 41/45 Rpt:	TCE VoteClean.org	00088639			
4 Date	5 Payee name (see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Campos, Sylvia CORPUS C	COFfice held CORPUS CHRISTI CITY			
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought ^H Magnusson, Eric CORPUS C	Construction Office held			
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
expenditure to benefit C/O		CHRISTI CITY CORPUS CHRISTI CITY			

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 42/45 Rpt:	TCE VoteClean.org 00088639
4 Date	5 Payee name (see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder nameOffice soughtOffice heldIAraiza, IsabelCORPUS CHRISTI MAYOR
Date	Payee name (see previous)
Amount (\$)	Payee address; City; State; Zip Code
corporate funds	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Gracia, Jennifer CORPUS CHRISTI CITY
Date	Payee name (see previous)
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held I Caballero, Rachel CORPUS CHRISTI CITY Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District r - Gift/Awards/Memorials Expense Printing Expense Travel out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 43/45 Rpt:	TCE VoteClean.org 00088639						
4 Date 10/24/2024	Payee name Toren, Cuauhtemoc						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$344.96	7103 Circle S Rd						
Expenditure from corporate funds	Austin, TX 78745						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
10/24/2024	Torres, Chloe						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,780.87	,780.87 3302 Casa Bonita Dr						
X Expenditure from corporate funds	Corpus Christi, TX 78411						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent 						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	McKay, Eli CORPUS CHRISTI CITY						
Date	Payee name (see previous)						
Amount (\$)	Payee address; City; State; Zip Code						
Expenditure from corporate funds							
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Campos, Sylvia CORPUS CHRISTI CITY CORPUS CHRISTI CITY						

POLITICAL EXE	SCHEDULE F1				
	EXPENDITURE CAT	EGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Expense I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	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: Sch: 44/45 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639 00088639		
4 Date	5 Payee name (see previous)				
6 Amount (\$)	7 Payee address; City; S	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name ¹ Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held		
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; S	State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY		
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; S	State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OHCandidate/Officeholder nameOffice soughtOffice heldAraiza, IsabelCORPUS CHRISTI MAYOR					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					SCHEDULE F1		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Ever Fees Fooc / - Gift/ al Committee Lega	EXPENDITURE CATEC at Expense by Weverage Expense wards/Memorials Expense at Services e Instruction Guide explain	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement rrhead/Rental Expense pense xpense /ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1 Total pages Schedule F1: Sch: 45/45 Rpt:	2 FILER NAME TCE VoteClear	n.org			1 ⁻	Filer ID 00088639	(Ethics Commission Filers)
4 Date	5 Payee name (see previous)						
6 Amount (\$) Expenditure from corporate funds	7 Payee address;	City; Sta	ate; Zip Cc	de			
8 PURPOSE OF EXPENDITURE	(a) Category (See Ca	tegories listed at the top of this	schedule)			de of Texas. Comp officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeho H Gracia, Jennifer	older name	Office sou	ght S CHRISTI CITY		Office he	ld
Date	Payee name (see previous)						
Amount (\$)	Payee address;	City; Sta	ate; Zip Co	de			
PURPOSE OF EXPENDITURE	(a) Category (See Ca	tegories listed at the top of this	schedule)			de of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeho H Caballero, Rach		Office sou	ght S CHRISTI CITY		Office he	ld

				0011	
	EXP		IES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Award	ense erage Expense s/Memorials Expense	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	olicitation/Fundraising Exp ransportation Equipment ravel in District ravel Out of District DTHER (enter a category r	& Related Expense
	The Inst	ruction Guide explains h	ow to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
Sch: 1/76 Rpt: 57/132	TCE VoteClean.org]		00088639	
4 CREDIT CARD ISSUER		ncial institution P/VISA	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
Expenditure from corporate funds	\$195.50	10/22/2024			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State, Zip Code
	Office Depot		1737 S Staples		
			Corpus Christi, TX 78404	ł	
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Printing Expense	or this schedule)	Printing to benefit this sla knowledge or consent	te of candidates	without their
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expen	se
9 Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
X Expenditure from corporate funds	\$27.01	10/22/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State, Zip Code
	Office Depot		1737 S Staples		
			Corpus Christi, TX 78404	ļ.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	this clata of and	idatas without
X Political	Office Overhead/Rent	,	Office supplies to benefit their knowledge or conse		iuales without
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expen	se
Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held	
expenditure to benefit C/OH	Eli, McKay		ORPUS CHRISTI CITY		
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
Expenditure from corporate funds					
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code
	(see previous)				
PURPOSE OF	(a) Category	of this school utc	(b) Description		
EXPENDITURE	(See Categories listed at the top	or this schedule)			
Political					
Non-Political		of Texas. Complete Schedule		, officeholder living expen	se
Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held	
expenditure to benefit C/OH	Campos, Sylvia	C	ORPUS CHRISTI CITY	CORPUS CHF	RISTI CITY

EXPENDITURE)	S	CHEDULE	⊧ F4		
	EXPEN	NDITURE CATEGORI	ES FOR BOX 10(a)			
Advertising Expense	Event Expen	ise L	oan Repayment/Reimbursement So	plicitation/Fundraising		
Accounting/Banking Consulting Expense	Fees Food/Bevera			ansportation Equipm avel in District	ent & Related Ex	xpense
Contributions/ Donations Made By Candidate/Officeholder/Politica				avel Out of District THER (enter a catego	orv not listed abo	ve)
	C C		w to complete this form.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F4:			• • • •	3 Filer ID (Eth	nics Commissi	on Filers)
						011111013)
Sch: 2/76 Rpt: 58/132	TCE VoteClean.org		I	00088639		
4 CREDIT CARD ISSUER	Name of finance	cial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$		
ISSUER			CHARGED TO A CREDIT	T		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from						
corporate funds						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	((-) ,		,	
	(see previous)					
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of	f this schedule)				
Delition						
Political						
Non-Political	(C) Check if travel outside of	Texas. Complete Schedule T		officeholder living ex	kpense	
9 Complete ONLY if direct	Candidate/Officeholder n		ce sought	Office held		
expenditure to benefit C/OH	Magnusson, Eric	CC	RPUS CHRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	()	(1)				
Expenditure from		(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				
Expenditure from corporate funds		(,,				
	(a) Payee name	(,	(b) Payee address;	City,	State,	Zip Code
corporate funds	(a) Payee name				State,	Zip Code
corporate funds		(,)			State,	Zip Code
corporate funds	(a) Payee name	(,)			State,	Zip Code
corporate funds	(a) Payee name				State,	Zip Code
PAYEE	(a) Payee name (see previous)		(b) Payee address;		State,	Zip Code
PAYEE PURPOSE OF EXPENDITURE	(a) Payee name (see previous) (a) Category		(b) Payee address;		State,	Zip Code
PAYEE PURPOSE OF EXPENDITURE Political	(a) Payee name (see previous) (a) Category (See Categories listed at the top of	f this schedule)	(b) Payee address; (b) Description	City,		Zip Code
PAYEE PURPOSE OF EXPENDITURE Political Non-Political	 (a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of 	f this schedule) Texas. Complete Schedule T	(b) Payee address; (b) Description	City,		Zip Code
	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder n	f this schedule) Texas. Complete Schedule T Tame Off	(b) Payee address; (b) Description Check if Austin, TX, ce sought	City, officeholder living ex Office held	(pense	·
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description	City, officeholder living ex Office held CORPUS C	(pense	·
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Texas. Complete Schedule T Tame Off	(b) Payee address; (b) Description Check if Austin, TX, ce sought	City, officeholder living ex Office held CORPUS C	(pense	·
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description	City, officeholder living ex Office held CORPUS C	(pense	·
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description	City, officeholder living ex Office held CORPUS C	(pense	·
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description	City, officeholder living ex Office held CORPUS C	(pense	·
	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) □ Check if travel outside of Candidate/Officeholder m Klein, Jim (a) Amount Charged (a) Payee name	f this schedule) Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description Check if Austin, TX, ce sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue	City, officeholder living ex Office held CORPUS C r Paid	xpense CHRISTI CI	TY
	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) ☐ Check if travel outside of Candidate/Officeholder n Klein, Jim (a) Amount Charged	f this schedule) Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description Check if Austin, TX, ce sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue	City, officeholder living ex Office held CORPUS C r Paid	xpense CHRISTI CI	TY
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) □ Check if travel outside of Candidate/Officeholder m Klein, Jim (a) Amount Charged (a) Payee name	f this schedule) Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description Check if Austin, TX, ce sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue	City, officeholder living ex Office held CORPUS C r Paid	xpense CHRISTI CI	TY
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	(a) Payee name (see previous) (a) Category (See Categories listed at the top of Candidate/Officeholder n Klein, Jim (a) Amount Charged (a) Payee name (see previous) (a) Category	f this schedule) Texas. Complete Schedule T name Off (b) Date of Charge	(b) Payee address; (b) Description (b) Description Check if Austin, TX, ce sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue	City, officeholder living ex Office held CORPUS C r Paid	xpense CHRISTI CI	TY
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE	(a) Payee name (see previous) (a) Category (See Categories listed at the top of Candidate/Officeholder n Klein, Jim (a) Amount Charged (a) Payee name (see previous)	f this schedule) Texas. Complete Schedule T name Off (b) Date of Charge	(b) Payee address; (b) Description (b) Description Check if Austin, TX, ice sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	City, officeholder living ex Office held CORPUS C r Paid	xpense CHRISTI CI	TY
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	(a) Payee name (see previous) (a) Category (See Categories listed at the top of Candidate/Officeholder n Klein, Jim (a) Amount Charged (a) Payee name (see previous) (a) Category	f this schedule) Texas. Complete Schedule T name Off (b) Date of Charge	(b) Payee address; (b) Description (b) Description Check if Austin, TX, ice sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	City, officeholder living ex Office held CORPUS C r Paid	xpense CHRISTI CI	TY
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	(a) Payee name (see previous) (a) Category (See Categories listed at the top of Candidate/Officeholder n Klein, Jim (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	f this schedule) Texas. Complete Schedule T name Off (b) Date of Charge f this schedule)	(b) Payee address; (b) Description Check if Austin, TX, ice sought PRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	City, officeholder living ex Office held CORPUS C r Paid City,	(pense CHRISTI CI State,	TY
	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) □ Check if travel outside of Candidate/Officeholder m Klein, Jim (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of (a) Category (See Categories listed at the top of	f this schedule) Texas. Complete Schedule T Tame Off CC (b) Date of Charge f this schedule) Texas. Complete Schedule T	(b) Payee address; (b) Description Check if Austin, TX, ice sought PRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description Check if Austin, TX,	City, officeholder living ex Office held CORPUS C r Paid City, officeholder living ex	(pense CHRISTI CI State,	TY
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	(a) Payee name (see previous) (a) Category (See Categories listed at the top of Candidate/Officeholder n Klein, Jim (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	f this schedule) Texas. Complete Schedule T Tame Off CC (b) Date of Charge f this schedule) Texas. Complete Schedule T Tame Off	(b) Payee address; (b) Description Check if Austin, TX, ice sought PRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	City, officeholder living ex Office held CORPUS C r Paid City,	(pense CHRISTI CI State,	TY

Forms provided by Texas Ethics Commission

EXPENDITURE	D	so	CHEDUL	e F4		
	EXPE	NDITURE CATEGORI	ES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exper Fees Food/Bever '- Gift/Awards I Committee Legal Service	nse age Expense /Memorials Expense ces	Loan Repayment/Reimbursement So Office Overhead/Rental Expense Tri Polling Expense Tri Printing Expense Tri	olicitation/Fundraising ransportation Equipme ravel in District ravel Out of District THER (enter a catego	ent & Related I	
1 Total pages Schedule F4:		•	•	3 Filer ID (Eth	ics Commiss	ion Filers)
Sch: 3/76 Rpt: 59/132	TCE VoteClean.org			00088639		
4 CREDIT CARD ISSUER	Name of finan	icial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top o	of this schedule)				
Political						
Non-Political	(C) Check if travel outside o	of Texas. Complete Schedule T	Check if Austin, TX	, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Off	ice sought	Office held		
expenditure to benefit C/OH	Gracia, Jennifer	CC	ORPUS CHRISTI CITY			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
Expenditure from	(a) Amount Charged (a) Payee name	(b) Date of Charge	(c) Date(s) Credit Card Issue (b) Payee address;	er Paid City,	State,	Zip Code
Expenditure from corporate funds	(a) Payee name (see previous)	(b) Date of Charge	(b) Payee address;		State,	Zip Code
PAYEE PURPOSE OF EXPENDITURE	(a) Payee name				State,	Zip Code
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	(a) Payee name (see previous) (a) Category		(b) Payee address;		State,	Zip Code
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political Non-Political	 (a) Payee name (see previous) (a) Category (See Categories listed at the top of the content of the conten	of this schedule)	(b) Payee address; (b) Description	City,		Zip Code
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder	of this schedule) of Texas. Complete Schedule T name Off	(b) Payee address; (b) Description (b) Description	City,		Zip Code
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) □ Check if travel outside of Candidate/Officeholder Caballero, Rachel	of this schedule) of Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description	City, , officeholder living ex Office held		Zip Code
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder	of this schedule) of Texas. Complete Schedule T name Off	(b) Payee address; (b) Description (b) Description	City, , officeholder living ex Office held		Zip Code
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) □ Check if travel outside of Candidate/Officeholder Caballero, Rachel	of this schedule) of Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description	City, , officeholder living ex Office held		Zip Code
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE	(a) Payee name (see previous) (a) Category (See Categories listed at the top of Candidate/Officeholder Caballero, Rachel (a) Amount Charged (a) Payee name (see previous)	of this schedule) of Texas. Complete Schedule T name Off CC	(b) Payee address; (b) Description (b) Description Check if Austin, TX. ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	City, , officeholder living ex Office held er Paid	pense	
	(a) Payee name (see previous) (a) Category (See Categories listed at the top of Candidate/Officeholder Caballero, Rachel (a) Amount Charged (a) Payee name	of this schedule) of Texas. Complete Schedule T name Off (b) Date of Charge	(b) Payee address; (b) Description (b) Description Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue	City, , officeholder living ex Office held er Paid	pense	
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	(a) Payee name (see previous) (a) Category (See Categories listed at the top of Candidate/Officeholder Caballero, Rachel (a) Amount Charged (a) Payee name (see previous) (a) Category	of this schedule) of Texas. Complete Schedule T name Off (b) Date of Charge	(b) Payee address; (b) Description (b) Description Check if Austin, TX. ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	City, , officeholder living ex Office held er Paid	pense	
	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) □ Check if travel outside of Candidate/Officeholder Caballero, Rachel (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	of this schedule) of Texas. Complete Schedule T name Off (b) Date of Charge	(b) Payee address; (b) Description Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	City, , officeholder living ex Office held er Paid	pense State,	
Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE Political	(a) Payee name (see previous) (a) Category (See Categories listed at the top of (c) □ Check if travel outside of Candidate/Officeholder Caballero, Rachel (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	of this schedule) of Texas. Complete Schedule T name Off (b) Date of Charge of this schedule) of this schedule)	(b) Payee address; (b) Description Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	City, officeholder living ex Office held r Paid City,	pense State,	·

EXPENDITURE	SCHEDULE F4			
	EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Awards I Committee Legal Servi	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement So Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 4/76 Rpt: 60/132	TCE VoteClean.org			00088639
				00080039
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	(see previous)			
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)		
Political				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin TX	, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held
expenditure to benefit C/OH	MORALES, JIMMY		OBSTOWN SCHOOL BOARD	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
Expenditure from corporate funds			(0) Date(0) Orodit out a sour	
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	(see previous)			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
Non-Political				- 4f k - Labora Kadarana
		of Texas. Complete Schedule		officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder VILLALOBOS, YVET		fice sought OBSTOWN SCHOOL BOARD	Office held
	-			
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	i Palu
X Expenditure from corporate funds	\$40.95	10/21/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			2686 S. Main	
	Stripes 9394			
			Ingleside, TX 78362	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)		e of candidates without their
X Political	Taver III DISUICI		knowledge or consent	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin TY	, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held
expenditure to benefit C/OH	Klein, Jim		ORPUS CHRISTI CITY	CORPUS CHRISTI CITY

EXPENDITURE	D	S	CHEDUL	e F4		
	EXPE	NDITURE CATEGOR	IES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Bever - Gift/Awards I Committee Legal Servi	ense rage Expense //Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	olicitation/Fundraising ransportation Equipm ravel in District ravel Out of District DTHER (enter a categ	ent & Related I	
1 Total pages Cabadula E4:				2 Filer ID (Eth	hine Commise	ion Filore)
1 Total pages Schedule F4:				3 Filer ID (Eth		aon Filers)
Sch: 5/76 Rpt: 61/132	TCE VoteClean.org			00088639		
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)				
Political						
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living ex	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Ot	fice sought	Office held		
expenditure to benefit C/OH	Araiza, Isabel	C	ORPUS CHRISTI MAYOR			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
Expenditure from corporate funds						
	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
corporate funds	(see previous)			City,	State,	Zip Code
PAYEE PURPOSE OF EXPENDITURE		of this schedule)	(b) Payee address; (b) Description	City,	State,	Zip Code
PAYEE PURPOSE OF EXPENDITURE Political	(see previous) (a) Category (See Categories listed at the top of	·	(b) Description			Zip Code
PAYEE PURPOSE OF EXPENDITURE Political Non-Political	(see previous) (a) Category (See Categories listed at the top of (C) Check if travel outside of	of Texas. Complete Schedule	(b) Description	, officeholder living ex		Zip Code
	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule	(b) Description T. Check if Austin, TX fice sought			Zip Code
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer	of Texas. Complete Schedule name Of C	(b) Description T. Check if Austin, TX ifice sought ORPUS CHRISTI CITY	, officeholder living ex Office held		Zip Code
	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule	(b) Description T. Check if Austin, TX fice sought	, officeholder living ex Office held		Zip Code
	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer	of Texas. Complete Schedule name Of C	(b) Description T. Check if Austin, TX ifice sought ORPUS CHRISTI CITY	, officeholder living ex Office held		Zip Code
	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous)	of Texas. Complete Schedule name Of C	(b) Description T. Check if Austin, TX fice sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	, officeholder living ex Office held er Paid	xpense	·
	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name	of Texas. Complete Schedule name Of C (b) Date of Charge	(b) Description T. Check if Austin, TX fice sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue	, officeholder living ex Office held er Paid	xpense	·
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) (a) Category	of Texas. Complete Schedule name Of C (b) Date of Charge	(b) Description T. Check if Austin, TX fice sought ORPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	, officeholder living ex Office held er Paid	xpense	·
PAYEE PURPOSE OF EXPENDITURE Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	of Texas. Complete Schedule name Of C (b) Date of Charge	(b) Description (b) Description (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	, officeholder living ex Office held er Paid	xpense	·
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	(see previous) (a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	of Texas. Complete Schedule name Of C (b) Date of Charge of this schedule)	(b) Description (b) Description (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	c, officeholder living ex Office held er Paid City,	xpense	·

Forms provided by Texas Ethics Commission

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve Gift/Award	erage Expense F Is/Memorials Expense F	ES FOR BOX oan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	eimbursement Sc ental Expense Tra Tra Tra	Dicitation/Fundraising ansportation Equipme avel in District avel Out of District THER (enter a catego	ent & Related I	
		The Inst	ruction Guide explains ho	w to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 6/76 Rpt: 62/132	TCE VoteClean.org]			00088639		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
	X Expenditure from corporate funds	\$556.91	10/17/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				233 S W	acker			
		United Airlines						
				Chicago,	IL 60606			
8	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		benefit this slate	of candidates	without th	heir
	X Political			knowledg	ge or consent			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder		ice sought		Office held		
е	xpenditure to benefit C/OH	Klein, Jim	CC	RPUS CHR	ISTI CITY	CORPUS C	HRISTI C	ITY
		(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Descri	ption			
		(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder		ice sought		Office held		
е	xpenditure to benefit C/OH	Araiza, Isabel			ISTI MAYOR			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Descri	ption			
		(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	r name Offi	ice sought		Office held		
e	xpenditure to benefit C/OH	Gracia, Jennifer	CC	RPUS CHR	ISTI CITY			

Forms provided by Texas Ethics Commission

EXPENDITURE	SCHE	dule F4			
	EXPEN	NDITURE CATEGORI	ES FOR BOX 10(a)		
Advertising Expense	Event Expen			plicitation/Fundraising Exper	
Accounting/Banking Consulting Expense	Fees Food/Bevera			ansportation Equipment & F avel in District	Related Expense
Contributions/ Donations Made By Candidate/Officeholder/Politica				avel Out of District THER (enter a category not	listed above)
	0		w to complete this form.		
1 Total pages Schedule F4:			• • • •	3 Filer ID (Ethics Co	ommission Filers)
				00088639	
Sch: 7/76 Rpt: 63/132	TCE VoteClean.org			00088639	
4 CREDIT CARD ISSUER	Name of finance	cial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$	
ISSUER			CHARGED TO A CREDIT	+	
			CARD		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from					
corporate funds					
7 PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip Code
	(-))		(-,,,	,	
	(see previous)				
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top of	f this schedule)			
Delition					
Political					
Non-Political	(C) Check if travel outside of	Texas. Complete Schedule T		officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder n		ice sought	Office held	
expenditure to benefit C/OH	Caballero, Rachel	CC	DRPUS CHRISTI CITY		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from	\$40.26	10/21/2024			
Expenditure from corporate funds	\$40.26	10/21/2024			
	\$40.26 (a) Payee name	10/21/2024	(b) Payee address;	City, S	tate, Zip Code
corporate funds	(a) Payee name	10/21/2024	(b) Payee address; 3 Brewster Rd	City, S	tate, Zip Code
corporate funds		10/21/2024		City, S	tate, Zip Code
corporate funds	(a) Payee name	10/21/2024		City, S	tate, Zip Code
corporate funds	(a) Payee name	10/21/2024	3 Brewster Rd	City, S	tate, Zip Code
PAYEE	 (a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of 	f this schedule)	3 Brewster Rd Newark, NJ 07114		
PAYEE PURPOSE OF EXPENDITURE	(a) Payee name Flora Restaurant (a) Category	f this schedule)	3 Brewster Rd Newark, NJ 07114 (b) Description	enefit this slate of d	
PURPOSE OF EXPENDITURE	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense	f this schedule) SE	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge o	enefit this slate of o r consent	candidates
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political	 (a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) Check if travel outside of 	f this schedule) SE	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to b without their knowledge o	enefit this slate of or r consent	candidates
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expens (c) □ Check if travel outside of Candidate/Officeholder n	f this schedule) SE Texas. Complete Schedule T name Off	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge o Check if Austin, TX, ice sought	enefit this slate of or r consent officeholder living expense Office held	candidates
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Se Texas. Complete Schedule T name Off CC	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge of Check if Austin, TX, ice sought DRPUS CHRISTI CITY	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS	candidates
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) SE Texas. Complete Schedule T name Off	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge o Check if Austin, TX, ice sought	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS	candidates
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Se Texas. Complete Schedule T name Off CC	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge of Check if Austin, TX, ice sought DRPUS CHRISTI CITY	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS	candidates
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Se Texas. Complete Schedule T name Off CC	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge of Check if Austin, TX, ice sought DRPUS CHRISTI CITY	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS	candidates
Corporate funds PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) □ Check if travel outside of Candidate/Officeholder n Klein, Jim	f this schedule) Se Texas. Complete Schedule T name Off CC	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge of Check if Austin, TX, ice sought DRPUS CHRISTI CITY	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS r Paid	candidates
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) □ Check if travel outside of Candidate/Officeholder n Klein, Jim (a) Amount Charged (a) Payee name	f this schedule) Se Texas. Complete Schedule T name Off CC	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to b without their knowledge o Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS r Paid	candidates STI CITY
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) □ Check if travel outside of Candidate/Officeholder n Klein, Jim (a) Amount Charged	f this schedule) Se Texas. Complete Schedule T name Off CC	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to b without their knowledge o Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS r Paid	candidates STI CITY
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) □ Check if travel outside of Candidate/Officeholder n Klein, Jim (a) Amount Charged (a) Payee name	f this schedule) Se Texas. Complete Schedule T name Off CC	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to b without their knowledge o Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS r Paid	candidates STI CITY
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense) (c) □ Check if travel outside of Candidate/Officeholder m Klein, Jim (a) Amount Charged (a) Payee name (see previous)	f this schedule) Se Texas. Complete Schedule T name Off (b) Date of Charge	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to b without their knowledge o Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS r Paid	candidates STI CITY
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) □ Check if travel outside of Candidate/Officeholder n Klein, Jim (a) Amount Charged (a) Payee name (see previous)	f this schedule) Se Texas. Complete Schedule T name Off (b) Date of Charge	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge of Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS r Paid	candidates STI CITY
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense) (c) □ Check if travel outside of Candidate/Officeholder m Klein, Jim (a) Amount Charged (a) Payee name (see previous)	f this schedule) Se Texas. Complete Schedule T name Off (b) Date of Charge	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge of Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS r Paid	candidates STI CITY
PAYEE PURPOSE OF EXPENDITURE X Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) □ Check if travel outside of Candidate/Officeholder m Klein, Jim (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	f this schedule) Se Texas. Complete Schedule T name Off (b) Date of Charge	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to b without their knowledge o Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	enefit this slate of o r consent officeholder living expense Office held CORPUS CHRIS r Paid	candidates STI CITY tate, Zip Code
	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) □ Check if travel outside of Candidate/Officeholder m Klein, Jim (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	f this schedule) Se Texas. Complete Schedule T name Off (b) Date of Charge f this schedule)	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to b without their knowledge o Check if Austin, TX, ice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	enefit this slate of or r consent officeholder living expense Office held CORPUS CHRIS r Paid City, S	candidates STI CITY tate, Zip Code
PAYEE PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	(a) Payee name Flora Restaurant (a) Category (See Categories listed at the top of Food/Beverage Expense (c) □ Check if travel outside of Candidate/Officeholder m Klein, Jim (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of	f this schedule) Se Texas. Complete Schedule T name Off (b) Date of Charge f this schedule)	3 Brewster Rd Newark, NJ 07114 (b) Description Food/Bev purchased to be without their knowledge of their knowledge of the comparison of the compariso	enefit this slate of or r consent officeholder living expense Office held CORPUS CHRIS r Paid City, S	candidates STI CITY tate, Zip Code

EXPENDITURE	D	SCHEDULE F4			
	EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Awards I Committee Legal Servi	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)	
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)	
Sch: 8/76 Rpt: 64/132	TCE VoteClean.org			00088639	
	-			00088039	
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Co	Je
	(see previous)				
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)			
Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held	
expenditure to benefit C/OH	Gracia, Jennifer	С	ORPUS CHRISTI CITY		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from corporate funds					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Coo	Je
	(see previous)				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
Non-Political				- 44 In - Indone Verlage	
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	officeholder living expense Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Caballero, Rachel		ORPUS CHRISTI CITY	Office field	
				r Poid	
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	rPaid	
Expenditure from corporate funds	\$20.83	10/21/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Coo	Je
	Creat Llara		498-512 Rt. 1 & 9 South		
	Spot Hero		Newark, NJ 07114		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)		nefit this slate of candidates with	out
X Political	Office Overhead/Rent	tal Expense	their knowledge or conser		- 41
Non-Political		of Texas. Complete Schedule		officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held	
expenditure to benefit C/OH	Klein, Jim	C	ORPUS CHRISTI CITY	CORPUS CHRISTI CITY	

EXPENDITURE	D	S	CHEDUL	e F4		
	EXPE	NDITURE CATEGORI	ES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Bever - Gift/Awards I Committee Legal Servi	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense Ti Polling Expense Ti Printing Expense Ti	olicitation/Fundraising ransportation Equipm ravel in District ravel Out of District THER (enter a catego	ent & Related I	
1 Total pages Cabadula E4	· · · · · · · · · · · · · · · · · · ·			3 Filer ID (Eth	ios Commiss	ion Filore)
1 Total pages Schedule F4:						aon Filers)
Sch: 9/76 Rpt: 65/132	TCE VoteClean.org			00088639		
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top of	of this schedule)				
Political						
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T	Check if Austin, TX	, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held		
expenditure to benefit C/OH	Araiza, Isabel	CC	ORPUS CHRISTI MAYOR			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
Expenditure from corporate funds						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(see previous)					
	(see previous) (a) Category (See Categories listed at the top of	of this schedule)	(b) Description			
EXPENDITURE	(a) Category (See Categories listed at the top of					
EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of (C) Check if travel outside of	of Texas. Complete Schedule 1	Check if Austin, TX	, officeholder living ex	xpense	
EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T name Of	Check if Austin, TX	, officeholder living ex Office held	xpense	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer	of Texas. Complete Schedule T name Of CC	Check if Austin, TX fice sought DRPUS CHRISTI CITY	Office held	(pense	
EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T name Of	Check if Austin, TX	Office held	xpense	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from	(a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer	of Texas. Complete Schedule T name Of CC	Check if Austin, TX fice sought DRPUS CHRISTI CITY	Office held	kpense State,	Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged	of Texas. Complete Schedule T name Of CC	Check if Austin, TX fice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	Office held		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of (c) Check if travel outside of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name	of Texas. Complete Schedule T name Of (b) Date of Charge	Check if Austin, TX fice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue	Office held		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	 (a) Category (See Categories listed at the top of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) (a) Category 	of Texas. Complete Schedule T name Of (b) Date of Charge	Check if Austin, TX fice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address;	Office held		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of the constraint o	of Texas. Complete Schedule T name Of (b) Date of Charge	Check if Austin, TX fice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	Office held	State,	Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	 (a) Category (See Categories listed at the top of Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top of Category 	of Texas. Complete Schedule T name Of (b) Date of Charge (b) Date of Charge	Check if Austin, TX fice sought DRPUS CHRISTI CITY (c) Date(s) Credit Card Issue (b) Payee address; (b) Description	Office held er Paid City,	State,	Zip Code

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	olicitation/Fundraising ansportation Equipm avel in District avel Out of District THER (enter a catego	ent & Related E	
		The Inst	ruction Guide explains I	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	ion Filers)
	Sch: 10/76 Rpt:	TCE VoteClean.org]			00088639		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITE				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CARD		\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issue	r Paid		
	Expenditure from corporate funds	\$31.23	10/22/2024					
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
		T S D I		301 Congress Ave	9			
		Taco Deli						
				Ausstin, TX 78701	L			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	6 1 11 1	late of the Price		
	_	Food/Beverage Expe		Food/Bev to benet knowledge or cons		late of candida	ates witho	ut their
	X Political				oon			
	Non-Political		of Texas. Complete Schedule		Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
е	xpenditure to benefit C/OH	Klein, Jim	1	ORPUS CHRISTI CITY		CORPUS C	HRISTI C	ITΥ
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuei	r Paid		
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
е	xpenditure to benefit C/OH	Araiza, Isabel	1	CORPUS CHRISTI MAY				
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issue	r Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX,	officeholder living ex	pense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought		Office held		
е	expenditure to benefit C/OH	Gracia, Jennifer	C	ORPUS CHRISTI CITY	Y			

Forms provided by Texas Ethics Commission

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trar Trav Trav	citation/Fundraisi nsportation Equip vel in District vel Out of District HER (enter a cate	ment & Related	
	The Inst	ruction Guide explains	how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			:	3 Filer ID (E	thics Commiss	sion Filers)
Sch: 11/76 Rpt:	TCE VoteClean.org	J			00088639		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD		\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this askadula)	(b) Description				
	(See Categories listed at the top	or this schedule)					
Political							
Non-Political		of Texas. Complete Schedul		stin, TX, o	fficeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder Caballero, Rachel		Office sought		Office held		
	(a) Amount Charged	(b) Date of Charge		lecuor	Daid		
Expenditure from corporate funds	(a) Amount Charged \$26.95	10/22/2024	(c) Date(s) Credit Card	ISSUEI	raiu		
PAYEE	(a) Payee name Uber		(b) Payee address; 1725 3rd St. San Francisco, CA 9	94158	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Travel to benefit this knowledge or conset		of candidate	es without t	heir
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Aus	stin, TX, o	fficeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
expenditure to benefit C/OH	Klein, Jim	-	CORPUS CHRISTI CITY			CHRISTI C	ITY
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Aus	stin, TX, o	fficeholder living	expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Dffice sought		Office held		
expenditure to benefit C/OH	Araiza, Isabel	(CORPUS CHRISTI MAYO	R			

Forms provided by Texas Ethics Commission

Version V4.1.0.48da51f7

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking	Event Expe Fees	Event Expense			olicitation/Fundraising Expense ransportation Equipment & Related Expense				
Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Trav	Travel in District				
Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor		OTHER (enter a category not listed above)				
	The Inst	ruction Guide explains	s how to complete this form.						
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Et	nics Commiss	ion Filers)		
Sch: 12/76 Rpt:	TCE VoteClean.org]		(00088639				
4 CREDIT CARD ISSUER	Name of fina	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRI CARD		\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer I	Paid				
Expenditure from corporate funds									
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	(
	(see previous)								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Political									
Non-Political				tin, TX, of	fficeholder living e	xpense			
9 Complete <u>ONLY</u> if direct	Office sought CORPUS CHRISTI CITY		Office held						
expenditure to benefit C/OH	Gracia, Jennifer				Daid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer i	Palu				
corporate funds									
PAYEE			(b) Davias address:		City	Stata	Zin Codo		
	(a) Payee name	(b) Payee address;		City,	State,	Zip Code			
(see previous)									
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedu	Ile T. Check if Austi	tin, TX, of	fficeholder living e	xpense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name	Office sought		Office held				
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer I	Paid				
Expenditure from corporate funds	\$26.47	10/22/2024							
corporate failed									
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	Chovron		5002 Eisenhower Rd						
	Chevron								
			San Antonio, TX 7822	18					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		(b) Description					
Travel In District			knowledge or consen	Travel to benefit this slate of candidates without their knowledge or consent					
	X Political								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.								
Complete <u>ONLY</u> if direct	Candidate/Officeholder		-	fice sought Office held					
expenditure to benefit C/OH	Klein, Jim		CORPUS CHRISTI CITY		CORPUS C	JHRISTI C	IIΥ		

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	/ - Fees Food/Beve Gift/Award	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense		Transportatio Travel in Dist Travel Out of	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Travel in District Travel Out of District				
Candidate/Officeholder/Politica	Candidate/Officeholder/Political Committee Legal Services Sa The Instruction Guide explains how			OTHER (ente	r a category not listed al	oove)			
		ruction Guide explains	now to complete this form.			· · · · = · · · · · · · ·			
1 5	2 FILER NAME		3 Filer ID (Ethics Commission F						
Sch: 13/76 Rpt:	TCE VoteClean.org	-		00088	639				
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
Expenditure from corporate funds									
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)								
Political	Political								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			n, TX, officeholde	r living expense				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office			Office sought	Office	held				
expenditure to benefit C/OH	Araiza, Isabel		CORPUS CHRISTI MAYOR						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
Expenditure from corporate funds									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
(see previous)									
PURPOSE OF	(a) Catagony		(b) Description						
EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)							
Political									
Non-Political									
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	e T. Check if Austir Office sought	n, TX, officeholde					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CITY	Onice	neiu				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
Expenditure from	(a) Anount Charged	(b) Date of charge							
corporate funds									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
=	(d) T dyce hame		(b) T dyce dddress,	City,	State,				
	(see previous)								
PURPOSE OF	PURPOSE OF (a) Category								
EXPENDITURE	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austir	n, TX, officeholde	r living expense				
Complete ONLY if direct	Candidate/Officeholder		Dffice sought	Office					
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY						

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
				Loan Repayment/Reimbursement Office Overhead/Rental Expense				Expense	
	Consulting Expense Food/Beverage Expense Contributions/ Donations Made By - Gift/Awards/Memorials Expense			Polling Expense Printing Expense	Tra	avel in District avel Out of District			
		date/Officeholder/Political Committee Legal Services S				HER (enter a catego	ry not listed at	oove)	
		now to complete this form.							
1	Total pages Schedule F4:			3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 14/76 Rpt:	TCE VoteClean.org	1			00088639			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMI EXPENDITURES	ZED	\$			
	ISSUER	see p	see previous			т (Ф			
				CARD					
6		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer	Paid			
	X Expenditure from corporate funds	\$11.04	10/16/2024						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		Home Depot 6584		4038 S Port Ave					
				Corpus Christi, TX 78	3415				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Office Overhead/Ren		Supplies to benefit this slate of candidates without their knowledge or consent					
	X Political		-						
	Non-Political	Check if Austin, TX, officeholder living expense							
	Complete ONLY if direct	ffice sought		Office held					
e	xpenditure to benefit C/OH	Klein, Jim		ORPUS CHRISTI CITY		CORPUS CHRISTI CITY			
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer	Paid			
Expenditure from corporate funds									
PAYEE		(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
		(000 providuo)							
L		(a) Category		(b) Description					
	PURPOSE OF EXPENDITURE	() 0)	Categories listed at the top of this schedule)						
	Political								
	Non-Political		of Texas. Complete Schedule						
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder Araiza, Isabel		ffice sought Office held ORPUS CHRISTI MAYOR					
Ľ		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I		Paid			
	Expenditure from	(a) Amount Charged	(b) Date of Charge		33UCI	Faiu			
	corporate funds								
_	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(a) Fayee hame		(b) Payee audress,		City,	State,	Zip Coue	
		(see previous)							
⊢	PURPOSE OF	(a) Category	(b) Description						
	EXPENDITURE								
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Auet	in TY 4	officeholder living exp	ense		
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought	, 17, 1	Office held			
e	xpenditure to benefit C/OH	Gracia, Jennifer		ORPUS CHRISTI CITY					
Ľ									

	EXPENDITURE CATEGORIES FOR BOX 10(a)										
	Advertising Expense	Event Exp Fees	ense	Loan Repayment/Reimbursement		olicitation/Fundraising Expense					
	Accounting/Banking Consulting Expense		erage Expense	Office Overhead/Rental Expense Polling Expense	Tra	Transportation Equipment & Related Expense Travel in District					
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)					
		how to complete this form.		()		,					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	Ethics Commiss	ion Filers)				
	Sch: 15/76 Rpt:	TCE VoteClean.org]			00088639					
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI	ZED						
	ISSUER		EXPENDITURES		\$						
				CHARGED TO A CR CARD	EDIT						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid					
	Expenditure from										
	corporate funds										
-	PAYEE	(a) Payoo namo		(b) Payoo addross:		City	Stato	Zip Code			
ľ		(a) Payee name		(b) Payee address;		City,	State,	Zip Coue			
		(see previous)									
8	PURPOSE OF	(a) Category		(b) Description							
°	EXPENDITURE	(See Categories listed at the top	of this schedule)								
L	Non-Political		of Texas. Complete Schedule		tin, TX, c	officeholder living	j expense				
				Office sought		Office held					
e				Defet							
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid					
	X Expenditure from corporate funds	\$50.00	09/27/2024								
PAYEE		(a) Payee name	(b) Payee address;		City,	State,	Zip Code				
	Paypal *MosaicProjec			2211 N First St							
			jee								
				San Jose, CA 95131							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	e						
		Consulting Expense		Prof services to benefit this slate of candidates without knowledge or consent							
	X Political	5		knowledge of consen	it.						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		tin, TX, c	officeholder living					
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held					
e	xpenditure to benefit C/OH	Klein, Jim	C	CORPUS CHRISTI CITY			CORPUS CHRISTI CITY				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid					
	Expenditure from corporate funds										
	corporate futius										
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		(see previous)									
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top	of this schedule)								
	Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aust	tin, TX, c	officeholder living	j expense				
⊢	Complete ONLY if direct	Candidate/Officeholder	•	Diffice sought		Office held					
е	xpenditure to benefit C/OH	Araiza, Isabel	C	CORPUS CHRISTI MAYOF	R						
—											

EXPENDITURE CATEGORIES FOR BOX 10(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Fe Fo / - Gif I Committee Le	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h		Office Pollir Printi Salar	Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra Salaries/Wages/Contract Labor OT		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)				
1 Total pages S	chedule E1:	2 FILER NAME				· · · · ·		3 Filer ID (Ft	hics Commiss	ion Filers)		
Sch: 16/76 F		TCE VoteClean.org				3 Filer ID (Ethics Commission Filers) 00088639						
	-				<u> </u>			00000039				
4 CREDIT CAR ISSUER	D	Name of financial institution				5 TOTAL OF UNITEMIZI EXPENDITURES CHARGED TO A CRE CARD		\$				
6 PAYMENT		(a) Amount Charge	ed	(b) Date of Charge		(c) Date(s) Credit Card Is	suer	⁻ Paid				
7 PAYEE		(a) Payee name		-		(b) Payee address;		City,	State,	Zip Code		
	(see previous)											
8 PURPOSE O	-	(a) Category				(b) Description						
EXPENDITU	EXPENDITURE (See Categories listed at the top of this schedule)											
Political	Political											
Non-Pol	itical	(c) Check if travel outside of Texas. Complete Schedule T.			ile T.	Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct Candidate/Officeholder name Office				Office	sought		Office held					
expenditure to b	enefit C/OH	Gracia, Jennifer CORPUS CHRISTI CITY										
PAYMENT (a) Amount Charged (b) Date of Charg			(b) Date of Charge		(c) Date(s) Credit Card Is	suer	^r Paid					
	Expenditure from corporate funds											
PAYEE		(a) Payee name		1		(b) Payee address;		City,	State,	Zip Code		
	(see previous)											
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at	the top	o of this schedule)		(b) Description						
Non-Pol	itical		outoido	of Taylog, Complete Cabadul	le T			officebolder living e				
Complete ON		(c) Check if travel		of Texas. Complete Schedul		sought	I, IX,	officeholder living e Office held	xpense			
expenditure to b		Caballero, Racl				PUS CHRISTI CITY		Office field				
		(a) Amount Charge		(b) Date of Charge		(c) Date(s) Credit Card Is	suer	Paid				
Expenditu corporate		\$250.00		10/02/2024		(0) 240(0) 0.0011 0411 0						
PAYEE		(a) Payee name		-		(b) Payee address;		City,	State,	Zip Code		
		It's a Crind Ca	ffoo			615 N Upper Broadwa	y					
	It's a Grind Coffee House											
						Corpus Christi, TX 78401						
PURPOSE O		(a) Category (See Categories listed at	the ter	of this schedulo)		(b) Description	-					
		Food/Beverage				F/B to benefit this slate knowledge or consent		candidates w	hthout their	r		
X Political						introvieuge of consell						
Non-Political (C) Check if travel outside of Texas. Complete Schedule T.				ile T.	Check if Austin	, TX,	officeholder living e	xpense				
Complete ON		Candidate/Office	nolde			sought		Office held				
expenditure to b	enefit C/OH	Klein, Jim		(CORF	PUS CHRISTI CITY		CORPUS C	CHRISTI C	ITY		

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	Il Expense Tra Tra Tra	licitation/Fundraising ansportation Equipme avel in District avel Out of District IHER (enter a categol	nt & Related E		
	The Inst	ruction Guide explains	how to complete this	s form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)	
Sch: 17/76 Rpt:	TCE VoteClean.org]			00088639			
4 CREDIT CARD ISSUER	Name of fina	ncial institution	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid			
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description	on				
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	officeholder living exp	oense		
9 Complete ONLY if direct Candidate/Officeholder name Offic			Office sought		Office held			
expenditure to benefit C/OH	Araiza, Isabel		CORPUS CHRIS	-				
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	r Paid			
PAYEE	(a) Payee name (see previous)		(b) Payee ad	dress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio	on				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held			
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRIS					
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	r Paid			
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio	on				
	,	,						
				1				
Non-Political		of Texas. Complete Schedule	e T. Dffice sought	Check if Austin, TX,	officeholder living exp Office held	bense		
Complete ONLY if direct expenditure to benefit C/OH								

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equi Travel in District Travel Out of Distric OTHER (enter a cat	pment & Related E	
		The Inst	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (I	Ethics Commiss	sion Filers)
	Sch: 18/76 Rpt:	TCE VoteClean.org]		00088639		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMI			
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CR CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
	X Expenditure from corporate funds	\$191.96	10/03/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				440 Terry Ave N			
		Amazon					
				Seattle, WA 98109			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Gen Merc to benefit t		idates witho	ut their
	X Political	Office Overhead/Keh		knowledge or consen	It		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living	j expense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		
е	xpenditure to benefit C/OH	Klein, Jim	C	ORPUS CHRISTI CITY	CORPUS	CHRISTI C	ITY
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
	Expenditure from corporate funds						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(see previous)					
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)				
	Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		
е	xpenditure to benefit C/OH	Araiza, Isabel	C	CORPUS CHRISTI MAYOF	२		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
	Expenditure from corporate funds						
	·						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(see previous)					
		(500 previous)					
		(a) Catagory		(b) Description			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Political						
	Non-Political		of Texas. Complete Schedule		in, TX, officeholder living		
-	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		Diffice sought	Office held		
е	xpenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CITY			
Ĺ							

Forms provided by Texas Ethics Commission

Advances to particle Advances to particle Advances Ad										
Accounting blocks Percent service of the service			EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)					
Compute Output Statement of the State of Compute Statement of the State of Compute State State of Compute Stat				ense	Loan Repayment/Reimburg	sement So			Typense	
Carditate/Offeended/Periods all concernes Same Provide explained Note Complete Nation Offeended explained Note Note Nation 1 Total pages Schedule F4: 2 FLER NAME 3 Flat ID (Ethics Commission Files) 0 CREDIT CARD Name of financial institution 5 TOTAL OF UNITENIZED EXPENDITURES \$ 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(c) Credit Card Issuer Paid \$ 7 PAYEE (a) Amount Charged (b) Date of Charge (c) Payee address; City, State, Zip Code 7 PAYEE (a) Caregory (b) Date of Charge (c) Payee address; City, State, Zip Code 7 PAYEE (a) Caregory (b) Date of Charge (c) Description City, State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Caregory (b) Description City, State, Zip Code 9 Complete DatLY if direct Condidate/Officeholder name CORPUS CHRISTI CITY Office held 9 Complete DatLY if direct Candidate/Officeholder name CORPUS CHRISTI CITY City, State, Zip Code 9 Complete DatLY if direct		Consulting Expense	Food/Beve		Polling Expense	Tra	avel in District		LAPENSE	
1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethes Commission Filers) 0008839 4 CREDIT CRAD Name of financial institution 5 TOTAL OF UNITENESS EXPENDITURES \$ 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$ 7 PAYEE (a) Payee name (b) Date of Charge (b) Description Clay, State, Zip Code Political (c) Category (a) Category (b) Date of Charge (b) Description Political (c) Category (b) Date of Charge (c) Description 9 Complete DMLY if drext Caballero, Rachel CORPUS CHRISTI CITY PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 9 Complete DMLY if drext Caballero, Rachel CORPUS CHRISTI CITY PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 9 Complete DMLY if drext Caballero, Rachel CORPUS CHRISTI CITY PAYEE (a) Category (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 10/04/2024 (b) Description		Candidate/Officeholder/Politica							oove)	
Sch: 19/76 Rpt; TCE VoteClean.org 00088639 4 CREDIT CARD ISEURT Name of lina-ical institution 5 TOTAL OF UNITENIZED CHARGED TO A CREDIT S 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid S 7 PAYEE (a) Amount Charged (b) Date of Charge (c) Payee address; City State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (see previous) (b) Description Other HAUSIS TX, otherwork Integrates (see previous) (b) Description 9 Complete QMLY if direct expenditure tobenetif CIOP Composite funds Candidate/OfficeHolder name Office sought Other(s) Credit Card Issuer Paid 9 Complete QMLY if direct expenditure tobenetif CIOP Composite funds Candidate/OfficeHolder name Office sought Office theid 9 Complete QMLY if direct expenditure tobenetif CIOP Composite funds (a) Date of this schedule (s 51.79 10/04/2024 Obsec/spiton State, Zip Code PAYEE (a) Category (s Categories and assister if two of this schedule) (b) Payee address; City, State, Zip Code PAYEE (a) Category (bread categories and the too of this schedule) (b) Payee address;			The Inst	ruction Guide explains	how to complete this fo	orm.				
4 CREDIT CARD ISSUER Name of financial institution 5 TOTAL OF UNITEMIZED CHARGED TO A CREDIT CARD \$ 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (see previous) (b) Payee address: City. State. Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description Office Austin TX. officetotier living ecentration component living City. State. Zip Code 9 Complete DAILY if direct Candidate/OfficeHolder name Office Sought Office NetWeit Office NetWeit PAYEE (a) Payee name (b) Payee address: City. State. Zip Code If Deposition form coponate funds S51.79 10/04/2024 (c) Date(s) Credit Card Issuer Paid Corpus Christi, TX 78418 PURPOSE OF EXPENDITURE (a) Payee name (b) Payee address: City. State. Zip Code Id Office Overhead/Rental Expense (b) Payee address: City. State. Zip Code Id Complete ShiLY if direct Candidate/OfficeHolder name Office Sought Off	1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)	
ISSUER EXPENDITURES CARGE TO A CREDIT S 6 PAYMENT Expenditure from corporate funds (a) Amount Charged (b) Date of Charge (see previous) (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Cate (see previous) 7 PAYEE (a) Payee name (see previous) (b) Payee address; (c) Carditate of the up of the schedule) (b) Description 8 PURPOSE OF EXPENDITURE (a) Category (cos Carditate of the up of the schedule) (b) Description 9 Complete DNLX if direct Corporate funds Candidate/Officeholder name Office beid 9 Complete DNLX if direct Corporate funds (a) Payee name (b) Payee address; Carporate funds City, State, Zip Code PAYEE (a) Payee name HEB 057 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid State, Zip Code PAYEE (a) Category Corporate funds (b) Payee address; Carpus Christi, TX 78418 Corpus Christi, TX 78418 PURPOSE OF EXPENDITURE Complete DNLY if direct Complete Date(COH (a) Category Core categores lead at the top of the schedule T. Complete Date(COH (c) Core of travel outside of the schedule T. Complete Date(COH (c) Category Corporate funds (c) Corpus Christi, TX 78418 (b) Description (b) Description Subjects for tabling to benefit this state of candidates without their knowledge or consent		Sch: 19/76 Rpt:	TCE VoteClean.org	TCE VoteClean.org			00088639			
6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (b) Payee address; Oily. State, Zip Code 8 PUEPOSE OF EXPENDITURE (a) Category (see Categories issed at the top of this scheakle) (b) Payee address; Oily. State, Zip Code 9 Complete ONLY if direct Candidate/Officeholder name (b) Description (c) Cates if Austin TX, officeholder Intring expense 9 Complete ONLY if direct Caballero, Rachel CORPUS CHRISTI CITY PAYEE (a) Payee name (b) Payee address; Oily. State, Zip Code PAYEE (a) Payee name (b) Description (c) Cates if Austin TX, officeholder Intring (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; Oily. State, Zip Code PAYEE (a) Payee name (b) Payee address; Oily. State, Zip Code Id5 Waldfron Rd State te tor of the schedule) (c) Carpus Christi, TX 78418 PUEPOSE OF EXPENDITURE (a) Category (c) Cardidate Office Fourge (b) Description Supplies for tabling to benefit this slate of candidates Minther	4		Name of fina	ncial institution			¢			
6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue Paid 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (b) Category (c) Category <t< td=""><th></th><td>ISSUER</td><td></td><td></td><td></td><td></td><td>Ψ</td><td></td><td></td></t<>		ISSUER					Ψ			
<pre></pre>					CARD					
Image: Comparison function of the second and the top of this schedule) (b) Payee address: City, State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (See Categories Listed at the top of this schedule) (b) Description 9 Political (c) Check if acted outside of Texas. Complete Schedule 1. Chock if Austin. TX, difficultor thing expense 9 Complete DQLL2 if direct Candidate/OfficeDolder name Office sought Office held PAYEE (a) Amount Charged (b) Date of Charge (c) Date(S) Credit Card Issuer Paid Caped address; City, State, Zip Code PAYEE (a) Amount Charged (b) Date of Charge (c) Date(S) Credit Card Issuer Paid Caped address; City, State, Zip Code PAYEE (a) Amount Charged (b) Date of Charge (c) Date(S) Credit Card Issuer Paid Caped address; City, State, Zip Code PAYEE (a) Category (b) Date of Charge (c) Date(S) Credit Card Issuer Paid Caped address; City, State, Zip Code Mon-Political (c) Category (b) Description State, Zip Code Difee Overhead/Rental Expense Obj Description Complete Supporture (c) Category (c) Category (c) Category Office held Office held <th>6</th> <td>_</td> <td>(a) Amount Charged</td> <td>(b) Date of Charge</td> <td>(c) Date(s) Crea</td> <td>lit Card Issuer</td> <td>Paid</td> <td></td> <td></td>	6	_	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Crea	lit Card Issuer	Paid			
7 PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category Use Caegories listed at the top of this schedule) (b) Description 9 Complete ONLY.If direct expenditure to benefit (C)CH Candidate/Officeholder name Office sought Office sought Office sought Office sought Office held 9 Complete ONLY.If direct expenditure to benefit (C)CH Candidate/Officeholder name Office sought Office sought Office sought Office held Core 9 Complete ONLY.If direct expenditure tom corporate funds (a) Amount Charged s51.79 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Ids Waldron Rd PAYEE (a) Payee name (b) Description Supplies for tabling to benefit this slate of candidates Corpus Christi, TX 78418 PURPOSE OF EXPENDITURE (a) Category (b) Description Supplies for tabling to benefit this slate of candidates Candidate/Officeholder name Office sought Office held Complete QNLY.If direct (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Office held Complete QNLY.If direct (a) Amount Charged (b) Date of Charge										
8 PURPOSE OF EXPENDITURE (a) Category Use Categorios listed at the top of this schedule) (b) Description 9 Political (c) Check if Justed Addise of Taxas. Complete Schedule T. Check if Justed, TX, office/holder ling expense 9 Complete QNLY if direct expenditure from copporate funds (a) Amount Charged (b) Description PAYEE (a) Amount Charged (b) Date of Charge (c) Date (s) Credit Card Issuer Paid PAYEE (a) Payee name HEB 057 (b) Payee address; Corpus Christi, TX 78418 City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (c) Cates of tabiling to benefit (C/OH EXPENDITURE (a) Category (c) Cates of tabiling to benefit this slate of candidates without their knowledge or consent (b) Description (b) Payee address; Complete QNLY if direct expenditure from copporate funds (c) Cates if meet addise of Taxas. Complete Schedule T. (c) Date of Charge (c) Cates of the top of this schedule (c) Cates if audit atter top of this schedule) (b) Description State, Zip Code (c) Category (c) Cates of tabiling to benefit (C/OH (a) Category (c) Cates if audit, TX, office/holder name Office Sought Office hold (c) Cates if inveit addise of Taxas. Complete Schedule T. Concells if audit, TX, office/holder ling expense Candidate/Office/holder name Office Sought Off		oorporate failed								
8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card lissuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code IL45 Waldron Rd (c) Corpus Christi, TX 78418 Corpus Christi, TX 78418 Supporter this schedule) Supporter this sched	7	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card lissuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code IL45 Waldron Rd (c) Corpus Christi, TX 78418 Corpus Christi, TX 78418 Supporter this schedule) Supporter this sched			(see previous)							
EXPENDITURE (see Categories listed at the top of this schedule) Image: Dolitical intervention of the schedule interventin of the schedule interventin of the schedule in			(300 previous)							
EXPENDITURE (see Categories listed at the top of this schedule) Image: Dolitical intervention of the schedule interventin of the schedule interventin of the schedule in	L									
Political () Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid State, Zip Code PAYEE (a) Payee name (b) Payee address; City, State, Zip Code State, Zip Code PuRPOSE OF (a) Category (a) Category (b) Description Supplies for tabing to benefit this slate of candidates Supplies for Political (b) Check if travel outside of Texas. Complete Schedule T. Corpus Christi, TX 78418 PURPOSE OF (a) Category (b) Description Supplies for tabing to benefit this slate of candidates Supplies for tabing to benefit crOH Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Corpus Christi, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Corpus Christi, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office	8		() 0)	of this schedule)	(b) Description					
Image: Second Secon				·						
9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Caballero, Rachel Office sought CORPUS CHRISTI CITY PAYMENT Expenditure from corporate funds (a) Amount Charged \$51.79 (b) Date of Charge 10/04/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name HEB 057 (b) Date of this schedule) Office Overhead/Rental Expense (b) Payee address; (c) Corpus Christi, TX 78418 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Supplies for tabling to benefit this slate of candidates without their knowledge or consent Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure from corporate funds Office holder name Office overhead/Rental Expense PAYEE (a) Payee name (b) Date of Charge (c) Date of Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (See Caregories listed at the top of this schedule) (b) Description (c) Check if										
expenditure to benefit C/OH Caballero, Rachel CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code HEB 057 Corpus Christi, TX 78418 (b) Description Supplies for tabling to benefit this state of candidates PURPOSE OF (a) Category (c) Cacedory/(cerectered) (b) Description Supplies for tabling to benefit this state of candidates Mon-Political (c) Check if ravel ourside of Texas. Complete Schedule Office sought Office held PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Mon-Political (c) Check if ravel ourside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held Expenditure to benefit C/OH (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Expenditure from corporate funds (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Date of Charge (b) Payee address;						neck if Austin, TX,		expense		
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Expenditure from corporate funds \$51.79 10/04/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code HEB 057 (a) Category (b) Category Corpus Christi, TX 78418 (b) Description PURPOSE OF (a) Category (b) Category (b) Description Supplies for tabling to benefit this slate of candidates Mon-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Img expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held Mon-Political (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Category (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Complete QNLY if direct (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Argue name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid		•			0	CITY	Office field			
Expenditure from corporate funds \$51.79 10/04/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code HEB 057 Corpus Christi, TX 78418 Corpus Christi, TX 78418 (b) Description Supplies for tabling to benefit this slate of candidates PURPOSE OF EXPENDITURE (a) Category (b) Description Supplies for tabling to benefit this slate of candidates Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office holder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Date of Charge (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (b) Date of Charge (b) Payee address; City, State, Zip Code @ Appenditure from corporate funds (a) Category (b) Date of Charge (c) Date(s) Credit Card Issuer Paid City, State, Zip Code </td <th>- C.</th> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>Paid</td> <td></td> <td></td>	- C.			1			Paid			
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (b) Description Corpus Christi, TX 78418 Vertice		—					Faiu			
HEB 057 Corpus Christi, TX 78418 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Supplies for tabling to benefit this slate of candidates without their knowledge or consent (c)			\$51.79	10/04/2024						
HEB 057 Corpus Christi, TX 78418 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Supplies for tabling to benefit this slate of candidates without their knowledge or consent (c)	_	PAYEE	(a) Payee name		(b) Payee addre	266.	City	State	Zin Code	
HEB 057 Corpus Christi, TX 78418 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Supplies for tabling to benefit this slate of candidates without their knowledge or consent Supplies for tabling to benefit this slate of candidates without their knowledge or consent Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid City, State, Zip Code PAYEE (a) Payee name (b) Payee address; City, State, Zip Code (see previous) (a) Category (b) Date of this schedule) (b) Description State, Zip Code PURPOSE OF EXPENDITURE (a) Category (b) Payee address; City, State, Zip Code PORPOSE OF EXPENDITURE (a) Category (b) Description City, State, Zip Code Political (c)			(a) Fayee hame		., ,		City,	State,		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Supplies for tabling to benefit this slate of candidates without their knowledge or consent Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office Sought Office held PAYMENT corporate funds (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Cardidate, Zip Code PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) (b) Description (b) Description POINT Cal (c) Check if travel outside of Texas. Complete Schedule T. City, State, Zip Code POINT Cal (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description Complete ONLY if direct Candidate/Officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			HEB 057		1145 Waldron	i i tu				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Supplies for tabling to benefit this slate of candidates without their knowledge or consent Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office Sought Office held PAYMENT corporate funds (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) (b) Description State, Zip Code POINTORE Complete QNLY if direct (a) Category (see categories listed at the top of this schedule) (b) Description State, Zip Code POINTORE EXPENDITURE (a) Category (see categories listed at the top of this schedule) (b) Description (b) Description Complete QNLY if direct (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name					Corpus Christ	i TX 78418				
EXPENDITURE (See Categories listed at the top of this schedule) Supplies for tabling to benefit this slate of candidates without their knowledge or consent Non-Political (c) _ check if travel outside of Texas. Complete Schedule T. _ check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder Texas. Complete Schedule T. _ check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder Texas. Complete Schedule T. _ check if Austin, TX, officeholder living expense PAYMENT (a) Amount Charged (b) Date of Charge (c) C Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (see previous) (b) Description _ check if Austin, TX, officeholder living expense _ check if Austin, TX, officeholder living expense POINTORE (a) Category (b) Date of Charge (b) Payee address; City, State, Zip Code Purpose OF (a) Category (b) Description _ check if Austin, TX, officeholder living expense _ check if Austin, TX, officeholder living expense _ check if Austin, TX, officeholder living expense Purpose OF (a) Category (b) Description _ check if Austin, TX, officehol	⊢	PURPOSE OF	(a) Category			., 17(10110				
					Supplies for ta	Supplies for tabling to benefit this slate of candidates				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim CORPUS CHRISTI CITY CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (see previous) (b) Description (b) Description Functional date in the top of this schedule) (b) Description Political (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		X Political	Office Overhead/Ren	tal Expense						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim CORPUS CHRISTI CITY CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (see previous) (b) Description (b) Description Functional date in the top of this schedule) (b) Description Political (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Non-Political	(c) Check if travel outside	of Texas, Complete Schedule	ат. Пс	neck if Austin, TX.	officeholder living	expense		
expenditure to benefit C/OH Klein, Jim CORPUS CHRISTI CITY CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (see previous) (b) Description Corporate funds (b) Description PURPOSE OF (a) Category (see Categories listed at the top of this schedule) (b) Description Corporate funds POlitical (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct								
Expenditure from corporate funds Image: Corporate funds PAYEE (a) Payee name (see previous) (b) Payee address; City, State, PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held	e		Klein, Jim	C	CORPUS CHRISTI	CITY	CORPUS	CHRISTI C	ITY	
Corporate funds Image: Corporate funds Image: Corporate funds Image: Corporate funds PAYEE (a) Payee name (b) Payee address; City, State, Zip Code (see previous) (see previous) (b) Description Image: Corporate funds		PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	^r Paid			
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code (see previous) (see previous) (b) Description Image: Complete CompleteC										
Image: See previous in the second		corporate funds								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
EXPENDITURE (See Categories listed at the top of this schedule) Political (C) Non-Political (C) Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(see previous)							
EXPENDITURE (See Categories listed at the top of this schedule) Political (C) Non-Political (C) Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			.,		(b) Description					
Image: Non-Political Image: Complete ONLY if direct Candidate/Officeholder name Office sought Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	(See Categories listed at the top	of this schedule)						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Political								
		Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. Пс	neck if Austin, TX,	officeholder living	expense		
		Complete ONLY if direct	Candidate/Officeholder	r name C	Dffice sought		Office held			
	e	xpenditure to benefit C/OH	Araiza, Isabel		CORPUS CHRISTI	MAYOR				

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking	Event Expe Fees	Event Expense Loan		Solicitation/Fundraisi Transportation Equip		Vnonso		
Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Travel in District Travel Out of District		LAPENSE		
Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a cate		iove)		
	The Inst	ruction Guide explains I	how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	ion Filers)		
Sch: 20/76 Rpt:	TCE VoteClean.org	J		00088639				
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
Expenditure from corporate funds								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	<i>,</i> , ,							
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	Office held				
expenditure to benefit C/OH	Gracia, Jennifer	C	CORPUS CHRISTI CITY					
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
	()							
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political								
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	n, TX, officeholder living Office held	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY	Office field				
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
X Expenditure from								
corporate funds	\$33.23	10/05/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(a) r ayoo namo		440 Terry Ave N	Oity,	Oldio,			
	Amazon							
			Seattle, WA 98109					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Gen Merc to benefit th		dates witho	ut their		
X Political	Office Overhead/Rent	iai Expense	knowledge or consent	t				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder		Diffice sought	Office held				
expenditure to benefit C/OH	Klein, Jim	C	CORPUS CHRISTI CITY	CORPUS	CHRISTI CI	ITY		
	I							

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimburseme Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor	e Tra Tra Tra	vel in District	ment & Related E		
	l	ruction Guide explains	how to complete this form.					
1 5	2 FILER NAME					thics Commiss	ion Filers)	
Sch: 21/76 Rpt:	TCE VoteClean.org				00088639			
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check i	if Austin, TX, o	officeholder living	expense		
· · · · · · · · · · · · · · · · · · ·			Office sought		Office held			
expenditure to benefit C/OH	Araiza, Isabel	-	CORPUS CHRISTI MA	-				
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
	(see previous)							
PURPOSE OF EXPENDITURE	(see previous) (a) Category (See Categories listed at the top	of this schedule)	(b) Description					
EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule) of Texas. Complete Schedule		if Austin, TX, 6	officeholder living	expense		
EXPENDITURE	(a) Category (See Categories listed at the top	of Texas. Complete Schedule		if Austin, TX, d	officeholder living Office held	expense		
EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top (C) Check if travel outside	of Texas. Complete Schedule r name C	PT. Check i			expense		
EXPENDITURE Political Non-Political Complete <u>ONLY</u> if direct	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule r name C	T. Check i	Υ	Office held	expense		
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder Gracia, Jennifer	of Texas. Complete Schedule r name C	T. Check i Office sought CORPUS CHRISTI CIT	Υ	Office held	expense State,	Zip Code	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	 (a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) 	of Texas. Complete Schedule r name C	2 T. Check i Office sought CORPUS CHRISTI CIT (c) Date(s) Credit C (b) Payee address;	Υ	Office held Paid		Zip Code	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name	of Texas. Complete Schedule r name C (b) Date of Charge	T. Check i Office sought CORPUS CHRISTI CIT (c) Date(s) Credit C	Υ	Office held Paid		Zip Code	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	 (a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) (a) Category 	of Texas. Complete Schedule r name C (b) Date of Charge	2 T. Check i Office sought CORPUS CHRISTI CIT (c) Date(s) Credit C (b) Payee address;	Υ	Office held Paid		Zip Code	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top 	of Texas. Complete Schedule r name C (b) Date of Charge	e T. Check i Office sought CORPUS CHRISTI CIT (c) Date(s) Credit C (b) Payee address; (b) Description	Y ard Issuer	Office held Paid	State,	Zip Code	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	 (a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder Gracia, Jennifer (a) Amount Charged (a) Payee name (see previous) (a) Category (See Categories listed at the top 	of Texas. Complete Schedule r name C (b) Date of Charge of this schedule) of Texas. Complete Schedule r name C	e T. Check i Office sought CORPUS CHRISTI CIT (c) Date(s) Credit C (b) Payee address; (b) Description	TY ard Issuer	Office held Paid City,	State,	Zip Code	

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	licitation/Fundraising ansportation Equipme avel in District avel Out of District THER (enter a catego	ent & Related E	
The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 22/76 Rpt:	TCE VoteClean.org	1			00088639		
4	CREDIT CARD	Name of financial institution		5 TOTAL OF UNITED	MIZED	¢		
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A C CARD	REDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid		
	X Expenditure from corporate funds	\$7.01	10/05/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				301 IH 37 Access F	۶d			
		Sunoco						
				Corpus Christi, TX	78401			
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
		Travel In District	of this schedule)	Travel to benefit thi knowledge or conse		of candidates	without th	neir
	X Political			KIIOWIEUge of Collse	ent			
	Non-Political		of Texas. Complete Schedule	T. Check if A	ustin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
e>	penditure to benefit C/OH	Klein, Jim	C	CORPUS CHRISTI CITY CORPUS CHRIST		HRISTI C	ITY	
	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer	^r Paid		
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e>	penditure to benefit C/OH	Araiza, Isabel	C	CORPUS CHRISTI MAYO	DR			
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer	Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(a) Fayee hame		(b) Fayee address,		City,	State,	
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
e>	expenditure to benefit C/OH Gracia, Jennifer CORPUS CHRISTI CITY							

Forms provided by Texas Ethics Commission

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	ense rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related Expense			
	The Inst	ruction Guide explains l	how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commission Filers)			
Sch: 23/76 Rpt:	TCE VoteClean.org	l		00088639				
4 CREDIT CARD ISSUER	Name of fina	Name of financial institution		EDIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
Expenditure from corporate funds								
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State, Zip Code			
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top	of this schedule)						
Political								
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living exp	bense			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH	Caballero, Rachel	-	CORPUS CHRISTI CITY	Deid				
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
Expenditure from corporate funds	\$33.79	09/27/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code			
			3558 Far West Blvd					
	7-Eleven							
			Austin, TX 78731					
PURPOSE OF	(a) Category	of this cohodule)	(b) Description					
	(See Categories listed at the top Travel Out of District	of this schedule)	Travel to benefit this s knowledge or consent	Travel to benefit this slate of candidates without their				
X Political			knowledge of consent	L				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living exp	oense			
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held				
expenditure to benefit C/OH	Campos, Sylvia	1	ORPUS CHRISTI CITY		HRISTI CITY			
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
Expenditure from corporate funds								
PAYEE			(b) Dovice address	City	Stata Zin Cada			
	(a) Payee name		(b) Payee address;	City,	State, Zip Code			
	(see previous)							
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living exp	pense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held				

Forms provided by Texas Ethics Commission

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
		Event Expense Loar Fees Offic		Solicitation/Fundraisir Transportation Equip				
Accounting/Banking Consulting Expense	Food/Beve	erage Expense	Office Overhead/Rental Expense Polling Expense	Travel in District	neni a Reialeu i	zxpense		
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate	gory not listed at	ove)		
	The Inst	ruction Guide explains	how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	ion Filers)		
Sch: 24/76 Rpt:	TCE VoteClean.org	3		00088639				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI	ZED				
ISSUER			EXPENDITURES	\$				
			CHARGED TO A CR CARD	EDIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	l Issuer Paid				
Expenditure from	(u) / inicult charged	(b) Bate of enarge						
corporate funds								
7 PAYEE				0.1	<u></u>	7. 0. 1		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
	()							
	(a) Catagony		(b) Decoription					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political		of Texas. Complete Schedul		tin, TX, officeholder living	expense			
9 Complete ONLY if direct Candidate/Officeholder name Office soug			-	Office held				
expenditure to benefit C/OH	Araiza, Isabel	1	CORPUS CHRISTI MAYOF					
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid				
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
	(000 providuo)							
			(h) Description					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		,						
Political								
Non-Political		of Texas. Complete Schedul		tin, TX, officeholder living e	expense			
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held				
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CITY					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	lssuer Paid				
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(and providua)							
	(see previous)							
PURPOSE OF	(a) Category	of this cale duta)	(b) Description					
	(See Categories listed at the top	or this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aust	tin, TX, officeholder living e	expense			
Complete ONLY if direct	Candidate/Officeholder	name (Office sought	Office held				
	expenditure to benefit C/OH Caballero, Rachel CORPUS CHRISTI CITY							

EXPENDITURES	MADE BY	CREDIT	CARD
--------------	---------	--------	------

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
	Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel Out of District		
	Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 25/76 Rpt:	TCE VoteClean.org	1		00088639		
4	CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZE EXPENDITURES			
	ISSUER	RAMI	RAMP/VISA		\$		
				CHARGED TO A CRED CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	X Expenditure from	\$445.46	09/28/2024				
	corporate funds	φ 1 40.40	03/20/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
				888 Brannan St.			
		Air BnB					
				San Francisco, CA 941	03		
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Travel to benefit this sla	te of candidates without their		
	X Political	Travel In District		knowledge or consent			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living expense		
<u>م</u>	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held		
	xpenditure to benefit C/OH	McKay, Eli		ORPUS CHRISTI CITY			
Ļ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	ler Paid		
	Expenditure from	(a) Amount Charged	(b) Date of Charge				
	corporate funds						
-	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		(a) r ayee hame					
		(see previous)					
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)				
	Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH	Klein, Jim	С	ORPUS CHRISTI CITY	CORPUS CHRISTI CITY		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	Expenditure from						
	corporate funds						
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		(see previous)					
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)				
	Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	•	ffice sought	Office held		
e	xpenditure to benefit C/OH	Araiza, Isabel	С	ORPUS CHRISTI MAYOR			
⊢							

		EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transp Travel Travel	licitation/Fundraising Expense Insportation Equipment & Related Expense Ivel in District Ivel Out of District HER (enter a category not listed above)			
			ruction Guide explains	how to complete this form.					
	1 5	2 FILER NAME				Filer ID (Ethi	cs Commiss	ion Filers)	
S	Sch: 26/76 Rpt:	TCE VoteClean.org				088639			
-	REDIT CARD SSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$				
6 P [Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Pa	lid			
7 P	PAYEE	(a) Payee name		(b) Payee address;	(City,	State,	Zip Code	
		(see previous)							
				(b) Description					
E	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
[Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, offic	eholder living exp	oense		
9 C	complete <u>ONLY</u> if direct	Office sought	С	Office held					
expenditure to benefit C/OH Gracia, Jennifer CO				CORPUS CHRISTI CITY					
P [Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Pa	ud			
P	PAYEE	(a) Payee name (see previous)		(b) Payee address;	(City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
[Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, offic	eholder living exp	oense		
С	complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	С	Office held			
exp	enditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY					
Ι.	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Pa	lid			
	X Expenditure from corporate funds	\$29.64	09/28/2024						
P	PAYEE	(a) Payee name		(b) Payee address;	(City,	State,	Zip Code	
		Circle K		3558 Far West Blvd					
<u> </u>		(a) Category		Austin, TX 78731					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Travel to benefit this sl	late of	candidates	without th	heir	
r	X Political	Travel Out of District		knowledge or consent		sandidutes			
	Non-Political								
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	e T. Check if Austin, Office sought		eholder living exp	bense		
	complete <u>ONLY</u> if direct enditure to benefit C/OH	McKay, Eli		CORPUS CHRISTI CITY	L L				

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve '- Gift/Award I Committee Legal Serv	ense erage Expense Is/Memorials Expense vices	Loan Repayment/R Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	Reimbursement S ental Expense T T ontract Labor O	plicitation/Fundraising Expense ansportation Equipment & Related Expens avel in District avel Out of District THER (enter a category not listed above)				
L			ruction Guide explains	now to complete	this form.					
1	Total pages Schedule F4:					3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 27/76 Rpt:	TCE VoteClean.org)			00088639				
4	CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	Expenditure from corporate funds									
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
8	() 3)			(b) Descri	ption					
	EXPENDITURE (See Categories listed at the top of this schedule)									
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living exp	oense			
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held	Office held			
expenditure to benefit C/OH		Klein, Jim	(CORPUS CHR	ISTI CITY	CORPUS CI	HRISTI C	ITY		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Descri	ption					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
e	xpenditure to benefit C/OH	Araiza, Isabel		CORPUS CHR	ISTI MAYOR					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category	of this cohodula)	(b) Descri	ption					
		(See Categories listed at the top	ui inis schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX	, officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	-	Office held				
e	xpenditure to benefit C/OH	Gracia, Jennifer	0	CORPUS CHR						

	EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	ense erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipme Travel in District Travel Out of District					
	The Inst	ruction Guide explains h	now to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 28/76 Rpt:	TCE VoteClean.org]		00088639					
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$					
6 PAYMENT Expenditure from	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid					
corporate funds									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
8 PURPOSE OF EXPENDITURE									
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living ex	nense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held	Jense				
expenditure to benefit C/OH	Caballero, Rachel	C	ORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid					
X Expenditure from corporate funds	\$71.01	10/02/2024							
PAYEE	(a) Payee name Air BnB		(b) Payee address; 888 Brannan St.	City,	State,	Zip Code			
PURPOSE OF	(a) Category		San Francisco, CA 94 (b) Description	103					
	(See Categories listed at the top Travel In District	of this schedule)	Travel to benefit this s	Travel to benefit this slate of candidates without their knowledge or consent					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living ex	oense				
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
expenditure to benefit C/OH	McKay, Eli	С	ORPUS CHRISTI CITY						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Political									
		of Toyoo Complete Octory	T Dobash # C	n TV officeholder birt	20200				
Non-Political Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living exp Office held	oense				

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award I Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tran: Trave Trave	licitation/Fundraising Expense Insportation Equipment & Related Expense Ivel in District Ivel Out of District HER (enter a category not listed above)				
	The Inst	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3	B Filer ID (E	thics Commiss	ion Filers)		
Sch: 29/76 Rpt:	TCE VoteClean.org	9		C	0088639				
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C CARD	\$	\$				
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer F	Paid				
7 PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description						
	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul		Austin, TX, of	ficeholder living	expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held				
expenditure to benefit C/OH Araiza, Isabel CORPUS CHRISTI MAYOR									
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer F	aid				
PAYEE	(a) Payee name (see previous)		(b) Payee address;		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if A	Austin, TX, of	ficeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CITY						
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer F	Paid				
PAYEE	(a) Payee name	-	(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
	USEE Calegones instea at the top								
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if A	Austin, TX, of	ficeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
expenditure to benefit C/OH	Caballero, Rachel	(CORPUS CHRISTI CITY	,					

EXPENDITURES	MADE BY	CREDIT	CARD
--------------	---------	--------	------

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense		rage 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		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)			
		The Inst	ruction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 30/76 Rpt:	TCE VoteClean.org	I		00088639			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE				
	ISSUER	RAMI	P/VISA	EXPENDITURES CHARGED TO A CRED	ыт \$			
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	Jer Paid			
	Expenditure from corporate funds	\$63.90	10/03/2024					
	corporate funds							
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		Otaria e e		1303 3rd St.				
		Stripes						
				Corpus Christi, TX 7840)4			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
		Travel In District	of this schedule)	Travel to benefit this slate of candidates without their knowledge or consent				
	X Political			Kilowieuge of consent				
	Non-Political		of Texas. Complete Schedule		TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held			
e	xpenditure to benefit C/OH	McKay, Eli		ORPUS CHRISTI CITY				
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	Jer Paid			
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	•	ffice sought	Office held			
e	xpenditure to benefit C/OH	Klein, Jim	C	ORPUS CHRISTI CITY	CORPUS CHRISTI CITY			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	Jer Paid			
	Expenditure from corporate funds							
	corporate funds							
	PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code			
		(
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Political							
	Non-Political		of Texas. Complete Schedule		TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held			
e	xpenditure to benefit C/OH	Araiza, Isabel	C	ORPUS CHRISTI MAYOR				

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		on/Fundraising Exper rtation Equipment & F		vnense	
Consulting Expense	Food/Beve	erage Expense	Polling Expense	Travel in	District	Velateu L	.xperise	
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor		ut of District (enter a category not	listed ab	ove)	
	The Inst	ruction Guide explains	how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethics Co	ommiss	ion Filers)	
Sch: 31/76 Rpt:	TCE VoteClean.org]		000	088639			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMI EXPENDITURES	\$				
			CHARGED TO A CR CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Pai	d t			
Expenditure from corporate funds								
7 PAYEE	(a) Payee name	1	(b) Payee address;	С	ity, S	state,	Zip Code	
	(see previous)							
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description					
	(,						
Political								
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule			holder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Of	fice held					
	Gracia, Jennifer			locuar Dai	4			
Expenditure from	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	issuer Par	L			
corporate funds								
PAYEE	(a) Payee name		(b) Payee address;	C	ity, S	state.	Zip Code	
	(a) Fayee name		(b) Fayee address,	C	ity, C	naie,	Zip Code	
	(see previous)							
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aust	tin, TX, officel	holder living expense			
Complete ONLY if direct	Candidate/Officeholder	name C	Diffice sought	Of	fice held			
expenditure to benefit C/OH	Caballero, Rachel	C	CORPUS CHRISTI CITY					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Pai	t			
X Expenditure from corporate funds	\$35.20	10/03/2024						
PAYEE	(a) Payee name		(b) Payee address;	С	ity, S	state,	Zip Code	
	7-Eleven		3558 Far West Blvd					
			Austin, TX 78731					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Travel to benefit this	clata of a	andidataa w ^{itt}	101 It +L	oir	
	Travel Out of District	·	knowledge or conser		anuluales will	iout ti		
X Political			_					
Non-Political		of Texas. Complete Schedule			holder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		fice held	י ודפ	TV	
expenditure to benefit C/OH	Campos, Sylvia	(CORPUS CHRISTI CITY	C	ORPUS CHRI	SILC	IΫ́	

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/R Office Overhead/Re		olicitation/Fundraising ansportation Equipme		Typonso		
	Consulting Expense	Food/Beve	erage Expense	Polling Expense	Tr	avel in District	ni a ricialeu i	LAPCHSC		
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Co		avel Out of District THER (enter a catego	ry not listed at	ove)		
		The Inst	ruction Guide explains	how to complete	this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission F					
	Sch: 32/76 Rpt:	TCE VoteClean.org]			00088639				
4	CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	Expenditure from corporate funds									
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
L					- 4'					
8	8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Descri	DTION					
	Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin. TX.	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
	xpenditure to benefit C/OH	Klein, Jim	C	CORPUS CHR	ISTI CITY	CORPUS CI	HRISTI C	ITY		
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Descri	(b) Description					
		(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
e	xpenditure to benefit C/OH	Araiza, Isabel		CORPUS CHR						
		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Descri	otion					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held				
е	xpenditure to benefit C/OH	Gracia, Jennifer	0	CORPUS CHR						

	EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	ense rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipr Travel in District Travel Out of District					
	The Inst	ruction Guide explains I	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)			
Sch: 33/76 Rpt:	TCE VoteClean.org	l		00088639					
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid					
corporate funds									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description						
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austi	in, TX, officeholder living e	xpense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Diffice sought	Office held					
expenditure to benefit C/OH	Caballero, Rachel	C	CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid					
X Expenditure from corporate funds	\$40.10	10/07/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Buc-EE's		2768 IH 35 N						
			New Braunfels, TX 78	New Braunfels, TX 78132					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		Travel to benefit this slate of candidates without their					
X Political			knowledge or consen	t					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living e	xpense				
Complete ONLY if direct	Candidate/Officeholder	name C	Diffice sought	Office held					
expenditure to benefit C/OH	Magnusson, Eric	C	CORPUS CHRISTI CITY						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)		(b) Fayee address,	City,	State,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Political									
Non-Political				in, TX, officeholder living e	xpense				
				,					
Complete ONLY if direct			Office sought	Office held					

Forms provided by Texas Ethics Commission

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraisi Transportation Equip					
Consulting Expense	Food/Beve	erage Expense	Polling Expense	Travel in District	neni a Reialeu i	zxpense			
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate	gory not listed at	oove)			
	The Inst	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	ion Filers)			
Sch: 34/76 Rpt:	TCE VoteClean.org	3		00088639					
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI	ZED					
ISSUER			EXPENDITURES	\$					
			CHARGED TO A CR CARD	EDIT					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	lssuer Paid					
Expenditure from	(u) / iniouni onargeu	(b) Duie of charge							
corporate funds									
7 PAYEE				0.1	<u></u>	7. 0. 1			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
(
8 PURPOSE OF (a) Category			(b) Decoription						
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description						
Political									
Non-Political		of Texas. Complete Schedul	le T. Check if Aust	tin, TX, officeholder living	expense				
9 Complete <u>ONLY</u> if direct				Office held					
expenditure to benefit C/OH Araiza, Isabel CORPUS CHRISTI MAYOR									
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Paid					
Expenditure from corporate funds									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
	(500 previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Political									
Non-Political		of Texas. Complete Schedul		tin, TX, officeholder living e	expense				
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held					
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid					
Expenditure from corporate funds									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
PURPOSE OF	(a) Category	of this schodula)	(b) Description						
	(See Categories listed at the top	or this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aust	tin, TX, officeholder living e	expense				
Complete ONLY if direct	Candidate/Officeholder	name (Office sought	Office held					
			CORPUS CHRISTI CITY						

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	licitation/Fundraisir ansportation Equipr avel in District avel Out of District HER (enter a cated	ment & Related E		
		The Inst	ruction Guide explains h	now to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	ion Filers)	
	Sch: 35/76 Rpt:	TCE VoteClean.org	l			00088639			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMI	ZED				
	ISSUER	RAMI	P/VISA	EXPENDITURES CHARGED TO A CR CARD	EDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer	Paid			
	X Expenditure from corporate funds	\$32.91	10/10/2024						
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
				3558 Far West Blvd					
		7-Eleven							
				Austin, TX 78731					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
		Travel Out of District	of this schedule)	Travel to benefit this slate of candidates without their knowledge or consent					
X Political				knowledge of conser	n				
	Non-Political		of Texas. Complete Schedule		tin, TX, o	officeholder living e	expense		
				office sought		Office held			
e	xpenditure to benefit C/OH	ORPUS CHRISTI CITY							
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	lssuer	Paid			
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description	(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, o	officeholder living e	expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought		Office held			
e	xpenditure to benefit C/OH	Klein, Jim	C	ORPUS CHRISTI CITY		CORPUS	CHRISTI C	ITY	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer	Paid			
	Expenditure from corporate funds								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political		of Texas. Complete Schedule		tin, TX, (officeholder living e	expense		
	Complete ONLY if direct	Candidate/Officeholder		office sought	_	Office held			
e	xpenditure to benefit C/OH	Araiza, Isabel	С	ORPUS CHRISTI MAYOF	۲				

	EXPI	ENDITURE CATEGO	RIES FOR BOX 1	.0(a)			
Advertising Expense	Event Expe		Loan Repayment/Rei	imbursement Sc	blicitation/Fundraising		_
Accounting/Banking Consulting Expense		erage Expense	Office Overhead/Ren Polling Expense	Tr	ansportation Equipme avel in District	ent & Related E	zpense
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Cont		avel Out of District THER (enter a catego	ory not listed at	oove)
	The Inst	ruction Guide explains	how to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	ion Filers)
Sch: 36/76 Rpt:	TCE VoteClean.org	3			00088639		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL O	OF UNITEMIZED			
ISSUER			EXPEND	DITURES	\$		
			CHARGE CARD	ED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	-	Credit Card Issue	r Daid		
Expenditure from	(a) Aniouni Chargeu	(b) Date of Charge	(C) Date(3)	Credit Card 1350e	raiu		
corporate funds							
						<u> </u>	7. 0. 1
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
	()						
			(b) Descript	tion			
EXPENDITURE	8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)						
Political							
Non-Political		of Texas. Complete Schedule	L	Check if Austin, TX,	officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held		
expenditure to benefit C/OH	Gracia, Jennifer	-			* Daid		
	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Pald		
Expenditure from corporate funds							
DAVEE							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	(see previous)						
	()						
PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
				_			
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	L	Check if Austin, TX,	officeholder living ex Office held	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Caballero, Rachel		Office sought		Office field		
	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Daid		
Expenditure from			(c) Date(s)	Credit Card Issue	i Palu		
corporate funds	\$195.50	10/22/2024					
						<u> </u>	7. 0. 1
PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Office Depot		1737 S St	aples			
			0.000				
			(b) Descript	hristi, TX 78404			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		benefit this slat	to of condidate	e without	thoir
	Printing Expense			e or consent		s without	
X Political	<u> </u>						
Non-Political		of Texas. Complete Schedule	L	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
expenditure to benefit C/OH	Morin, Alvin	F	ROBSTOWN SC	CHOOL BOARD			

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraisi Transportation Equip		znonco		
Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District		LAPENSE		
Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a cate		oove)		
	The Inst	ruction Guide explains l	how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	ion Filers)		
Sch: 37/76 Rpt:	TCE VoteClean.org	1		00088639				
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
Expenditure from corporate funds								
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description					
Political								
Non-Political		of Texas. Complete Schedule		TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought ROBSTOWN SCHOOL BOA	Office held				
expenditure to benefit C/OH PAYMENT	MORALES, JIMMY (a) Amount Charged	(b) Date of Charge						
Expenditure from	(a) Amount Chargeu	(b) Date of Charge	(c) Date(s) Credit Card Iss	Suel Palu				
corporate funds								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(d) Fayee hame		(b) Fayee address,	City,	State,			
	(see previous)							
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	, TX, officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
expenditure to benefit C/OH	VILLALOBOS, YVET	ITE F	ROBSTOWN SCHOOL BOA	RD				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
X Expenditure from corporate funds	\$27.01	10/22/2024						
oorporate fands								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Office Depot		1737 S Staples					
			Corpus Christi, TX 784	04				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	fit this clota of a	andidatas	vithout		
	Office Overhead/Rent		Office supplies to bene their knowledge or con		anuluales	without		
X Political								
Non-Political		of Texas. Complete Schedule		TX, officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held				
expenditure to benefit C/OH	Eli, McKay	Ĺ	CORPUS CHRISTI CITY					

			EXP	ENDITURE CATEGOR	RIES FOR B	0X 1	.0(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fe Fo Gif I Committee Le	od/Bev /Award gal Ser	erage Expense Is/Memorials Expense	Loan Repaym Office Overhea Polling Expens Printing Exper Salaries/Wage	ad/Ren se se s/Cont	Ital Expense Ti Ti Ti tract Labor O	olicitation/Fundraisin ransportation Equipn ravel in District ravel Out of District THER (enter a catec	nent & Related I	
	Total pages Schedule F4:							3 Filer ID (Et	hics Commiss	sion Filers)
 ⁺	Sch: 38/76 Rpt:		n or	~				00088639		5011111613)
_	•	TCE VoteClea						00066039		
4	CREDIT CARD ISSUER	Name o	ot tina	ncial institution	EXF	PEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charge	ed	(b) Date of Charge	(c) Dat	e(s) (Credit Card Issue	er Paid		
	Expenditure from corporate funds									
7	PAYEE	(a) Payee name			(b) Pay	/ee a	ddress;	City,	State,	Zip Code
		(see previous)								
8				(b) De	script	tion				
	EXPENDITURE	(See Categories listed at	the top	o of this schedule)						
	Political									
	Non-Political	(C) Check if travel	outside	of Texas. Complete Schedule	е Т.	Γ	Check if Austin, TX,	, officeholder living e	xpense	
9	9 Complete ONLY if direct Candidate/Officeholder name Off			Office sought			Office held			
expenditure to benefit C/OH Campos, Sylvia COI			CORPUS C	HRIS	STI CITY	CORPUS C	CHRISTI C	ITY		
	PAYMENT	(a) Amount Charge	ed	(b) Date of Charge	(c) Dat	e(s) (Credit Card Issue	er Paid		
	Expenditure from corporate funds									
	PAYEE	(a) Payee name			(b) Pay	/ee a	ddress;	City,	State,	Zip Code
		(see previous)								
	PURPOSE OF	(a) Category			(b) De	script	tion			
	EXPENDITURE	(See Categories listed at	the top	o of this schedule)						
	Political									
	Non-Political	(C) Check if travel	outside	of Texas. Complete Schedule	e T.	Γ	Check if Austin, TX,	, officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Office	nolde	r name C	Office sought			Office held		
е	xpenditure to benefit C/OH	Magnusson, Er	ic	0	CORPUS C	HRIS	STI CITY			
	PAYMENT	(a) Amount Charge	ed	(b) Date of Charge	(c) Dat	e(s) (Credit Card Issue	er Paid		
	Expenditure from corporate funds									
	PAYEE	(a) Payee name			(b) Pay	/ee a	ddress;	City,	State,	Zip Code
		(see previous)								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at	the tor	of this schedulo)	(b) De	script	tion			
	_	Line Calegones iisled al	ane top							
	Political									
	Non-Political	(C) Check if travel	outside	of Texas. Complete Schedule	e T.	[Check if Austin, TX	, officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officel	nolde		Office sought			Office held		
e	xpenditure to benefit C/OH	Klein, Jim		C	CORPUS C	HRIS	STI CITY	CORPUS C	CHRISTI C	ITY

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursen Office Overhead/Rental Exper Polling Expense Printing Expense Salaries/Wages/Contract Labo	nse Tra Tra Tra Dr OT	licitation/Fundraisir ansportation Equipn avel in District avel Out of District THER (enter a cate	ment & Related E	
	The Inst	ruction Guide explains	how to complete this form	l			
1 5	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)
Sch: 39/76 Rpt:	TCE VoteClean.org)			00088639		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card Issuer	Paid		
7 PAYEE	(a) Payee name		(b) Payee address		City,	State,	Zip Code
	(see previous)						
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description				
	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul		k if Austin, TX,	officeholder living e	expense	
			Office sought CORPUS CHRISTI M		Office held		
expenditure to benefit C/OH							
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card Issuer	Paid		
PAYEE	(a) Payee name (see previous)		(b) Payee address		City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Checl	k if Austin, TX,	officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CI				
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee address	1	City,	State,	Zip Code
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Coor Caregories instea at the lop						
Political							
Non-Political		of Texas. Complete Schedul		k if Austin, TX,	officeholder living e	expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder			T \/	Office held		
expenditure to benefit C/OH	Caballero, Rachel	(CORPUS CHRISTI CI	IΥ			

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	ment & Related I			
	The Inst	ruction Guide explains	how to complete this form.					
1 5	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)		
Sch: 40/76 Rpt:	TCE VoteClean.org)		00088639				
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CR CARD	\$				
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description					
	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul		stin, TX, officeholder living	expense			
			Office sought	Office held				
expenditure to benefit C/OH	Morin, Alvin	ROBSTOWN SCHOOL BC						
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
PAYEE	(a) Payee name (see previous)		(b) Payee address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aus	stin, TX, officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held				
expenditure to benefit C/OH	MORALES, JIMMY	1	ROBSTOWN SCHOOL BC					
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
PAYEE	(a) Payee name	-	(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
EXPENDITURE	USEE Calegones instea at the top	or this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aus	stin, TX, officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder	r name	Office sought	Office held				
expenditure to benefit C/OH	VILLALOBOS, YVE		ROBSTOWN SCHOOL BC					

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related B Travel in District Travel Out of District OTHER (enter a category not listed at		
		The Inst	ruction Guide explains h	now to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)	
	Sch: 41/76 Rpt:	TCE VoteClean.org	l		00088639		
4	CREDIT CARD ISSUER		ncial institution P/VISA	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE	\$		
				CARD			
6		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	X Expenditure from corporate funds	\$40.95	10/21/2024				
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code	
		Stripes 9394		2686 S. Main			
				Ingleside, TX 78362			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description			
	EXPENDITURE			Travel to benefit this s knowledge or consent	Travel to benefit this slate of candidates without their		
	Non-Political			-			
_			of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense Office held		
				ORPUS CHRISTI CITY	CORPUS CHRISTI C	ITY	
C.		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is			
	Expenditure from corporate funds	(a) Amount Chargeu	(b) Date of Charge		Suel Falu		
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code	
		(see previous)					
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)				
	Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH	Araiza, Isabel	C	ORPUS CHRISTI MAYOR			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	Expenditure from corporate funds						
	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
		(see previous)					
_		(a) Category		(b) Description			
	PURPOSE OF EXPENDITURE	(a) Categories listed at the top	of this schedule)				
	Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held		
e	xpenditure to benefit C/OH	Gracia, Jennifer	C	ORPUS CHRISTI CITY			

Forms provided by Texas Ethics Commission

	EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportatio Travel in Dis Travel Out o		·	
	The Inst	ruction Guide explains l	how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 File	r ID (Ethics Commis	sion Filers)	
Sch: 42/76 Rpt:	TCE VoteClean.org]		00088	639		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRI CARD	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
8 PURPOSE OF (a) Category			(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austi	in, TX, officehold	er living expense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	Office	held		
expenditure to benefit C/OH	Caballero, Rachel	-	CORPUS CHRISTI CITY				
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
X Expenditure from corporate funds	\$556.91	10/17/2024					
PAYEE	(a) Payee name United Airlines		(b) Payee address; 233 S Wacker Chicago, IL 60606	City,	State,	Zip Code	
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Travel to benefit this s knowledge or consen		didates without t	heir	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, officehold	er living expense		
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office			
expenditure to benefit C/OH	Klein, Jim		CORPUS CHRISTI CITY		PUS CHRISTI C	ITY	
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political		of Texas. Complete Schedule			er living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder Araiza, Isabel		Office sought CORPUS CHRISTI MAYOF	Office R	neld		

	EXPE	ENDITURE CATEGO	RIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expense	Food/Beve	erage Expense	Polling Expense	Travel in Dis	trict	Lypense		
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out o OTHER (ent	r District er a category not listed al	oove)		
	The Inst	ruction Guide explains	how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 File	r ID (Ethics Commiss	sion Filers)		
Sch: 43/76 Rpt:	TCE VoteClean.org)		00088	3639			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF	\$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
Expenditure from corporate funds								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	(· · · · · · · · ,						
Political								
Non-Political		of Texas. Complete Schedul		stin, TX, officehold	- ·			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought CORPUS CHRISTI CITY	Office	e nela			
expenditure to benefit C/OH	Gracia, Jennifer	1		Jacuar Daid				
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
Expenditure from corporate funds								
						7.0.1		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul		stin, TX, officehold	or living overage			
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	Office				
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY	onioc				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
X Expenditure from	\$40.26	10/21/2024	(0) =(0) =					
corporate funds		10/21/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			3 Brewster Rd		,	p ====		
	Flora Restaurant							
			Newark, NJ 07114					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Food/Bev purchased			dates		
X Political	Food/Beverage Expe	1158	without their knowled	dge or conse	ent			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aus	stin, TX, officehold	er living expense			
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office				
expenditure to benefit C/OH	Klein, Jim	(CORPUS CHRISTI CITY	COR	PUS CHRISTI C	ITY		
	·							

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transp Travel Travel	in District Out of District	ng Expense nent & Related E gory not listed at	
	The Inst	ruction Guide explains	how to complete this form.				
1 5	2 FILER NAME					hics Commiss	ion Filers)
Sch: 44/76 Rpt:	TCE VoteClean.org	9		00	0088639		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Pa	aid		
7 PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
	(see previous)						
B PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description				
	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if	Austin, TX, offic	eholder living e	expense	
9 Complete <u>ONLY</u> if direct					Office held		
expenditure to benefit C/OH							
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Pa	aid		
PAYEE	(a) Payee name (see previous)	1	(b) Payee address;		City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if	Austin, TX, offic	eholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CITY	ſ			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Pa	aid		
PAYEE	(a) Payee name	-	(b) Payee address;		City,	State,	Zip Code
	(see previous)						
	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE	USEE Calegones instea at the top						
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if	Austin, TX, offic	eholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
expenditure to benefit C/OH	Caballero, Rachel	(CORPUS CHRISTI CITY	Y			

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	licitation/Fundraising ansportation Equipme avel in District avel Out of District 'HER (enter a catego	ent & Related E	
		The Inst	ruction Guide explains I	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	ion Filers)
	Sch: 45/76 Rpt:	TCE VoteClean.org	I			00088639		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITER	MIZED			
	ISSUER	RAMI	P/VISA	EXPENDITURES CHARGED TO A C CARD	REDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid		
	X Expenditure from corporate funds	\$20.83	10/21/2024					
7	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code
		Spot Hero		498-512 Rt. 1 & 9 S	South			
				Newark, NJ 07114				
8	PURPOSE OF	(a) Category	of this schoolule)	(b) Description				
	EXPENDITURE (See Categories listed at the top of this schedule) X Political		Parking purchased their knowledge or	Parking purchased to benefit this slate of candidates without their knowledge or consent				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if A	ustin, TX, (officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
е				CORPUS CHRISTI CITY		CORPUS C	HRISTI C	ITY
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer	Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if A	ustin, TX, (officeholder living exp	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
е	xpenditure to benefit C/OH	Araiza, Isabel	C	CORPUS CHRISTI MAYO	OR			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer	Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Non-Political		of Toyon, Complete Cabadula			officeholder living	00000	
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	ustin, TX, (officeholder living exp Office held	pense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CITY				
			C					

Forms provided by Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beve / - Gift/Award I Committee Legal Serv	Food/Beverage Expense P Gift/Awards/Memorials Expense P		Transportation Equ Travel in District Travel Out of Distri	Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a				
	The Inst	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commiss	sion Filers)			
Sch: 46/76 Rpt:	TCE VoteClean.org)		00088639					
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRI CARD	\$					
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Austi	in, TX, officeholder livin	g expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name (Office sought	Office held	ł				
expenditure to benefit C/OH	Caballero, Rachel	(CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid					
X Expenditure from corporate funds	\$31.23	10/22/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Taco Deli		301 Congress Ave						
			Ausstin, TX 78701						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	aia alata af agus	lidataa withaa	ut the size			
X Political	Food/Beverage Expe		Food/Bev to benefit th knowledge or consen		indates witho				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Austi	in, TX, officeholder livin	g expense				
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held					
expenditure to benefit C/OH	Klein, Jim	(CORPUS CHRISTI CITY	CORPUS	S CHRISTI C	ITY			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
PURPOSE OF	(a) Category	of this schodulo)	(b) Description						
	(See Categories listed at the top	or this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Austi	in, TX, officeholder livin	g expense				
Complete ONLY if direct	Candidate/Officeholder	name (Office sought	Office held	k				
expenditure to benefit C/OH	Araiza, Isabel	(CORPUS CHRISTI MAYOF	र					

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beve Gift/Award	- Food/Beverage Expense - Gift/Awards/Memorials Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed abo					
Canuldate/Officerolder/Politica	0		Salaries/Wages/Contract Labor how to complete this form.	OTHER (enter a categ	ory not listed at	jove)			
1 Total pages Schedule F4:	· · · · · · · · · · · · · · · · · · ·		·····	3 Filer ID (Eth	nics Commiss	ion Filers)			
Sch: 47/76 Rpt:	TCE VoteClean.org	r		00088639					
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZ						
ISSUER	Nume of inte		EXPENDITURES CHARGED TO A CRE CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
Expenditure from corporate funds									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austir	n, TX, officeholder living e	xpense				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH	Gracia, Jennifer	(CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
Expenditure from corporate funds									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austir	n, TX, officeholder living e	xpense				
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held					
expenditure to benefit C/OH	Caballero, Rachel	(CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
X Expenditure from corporate funds	\$26.95	10/22/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Uber		1725 3rd St.						
			San Francisco, CA 94	158					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	loto of occalidate		ooir			
	Travel In District		Travel to benefit this s knowledge or consent		s without t	iell			
X Political			_						
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living e	xpense				
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held					
expenditure to benefit C/OH	Klein, Jim	-	CORPUS CHRISTI CITY	CORPUS C					

Forms provided by Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense				
Consulting Expense	Food/Beve	erage Expense	Polling Expense	Travel in D	District	Lypense			
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out OTHER (e	nter a category not listed a	bove)			
	The Inst	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Fi	ler ID (Ethics Commiss	sion Filers)			
Sch: 48/76 Rpt:	TCE VoteClean.org]		3000	38639				
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMI EXPENDITURES	\$					
			CHARGED TO A CR CARD	EDIT					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
Expenditure from corporate funds									
7 PAYEE	(a) Payee name	1	(b) Payee address;	Cit	y, State,	Zip Code			
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aus	tin, TX, officeho	lder living expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		ce held				
expenditure to benefit C/OH	Araiza, Isabel		CORPUS CHRISTI MAYOR						
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
Expenditure from corporate funds									
PAYEE	(a) Payee name		(b) Payee address;	Cit	y, State,	Zip Code			
	(see previous)								
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aus	tin, TX, officeho	Ider living expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name (Office sought	Offic	ce held				
expenditure to benefit C/OH	Gracia, Jennifer	(CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
Expenditure from corporate funds									
corporate lands									
PAYEE	(a) Payee name	•	(b) Payee address;	Cit	y, State,	Zip Code			
	(see previous)								
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)							
Political									
Non-Political		of Toyon Complete Orbert		tin TV offered	Ider living super-				
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedul	Office sought		older living expense				
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY	Cill					
superioratione to benefit C/OTT									

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transp Travel Travel	ation/Fundraising portation Equipme in District Out of District R (enter a categor	nt & Related E	
		The Inst	ruction Guide explains h	now to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethi	cs Commiss	ion Filers)
	Sch: 49/76 Rpt:	TCE VoteClean.org	TCE VoteClean.org 00088639					
4	CREDIT CARD ISSUER		ncial institution P/VISA	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Pa	aid		
-	Expenditure from corporate funds	\$26.47	10/22/2024	(0)				
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Chevron		5002 Eisenhower Rd				
				San Antonio, TX 7821	18			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Travel to benefit this s knowledge or consent		candidates	without th	neir
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, offic	ceholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name O	office sought	(Office held		
e	xpenditure to benefit C/OH	Klein, Jim	ORPUS CHRISTI CITY	C	CORPUS CH	IRISTI C	ΤY	
	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Pa	aid		
	PAYEE	(a) Payee name (see previous)		(b) Payee address;		City,	State,	Zip Code
	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, offic	ceholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	C	Office held		
e	xpenditure to benefit C/OH	Araiza, Isabel	C	ORPUS CHRISTI MAYOR	2			
	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Pa	aid		
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, offic	ceholder living exp	ense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder Gracia, Jennifer		office sought CORPUS CHRISTI CITY	(Office held		
-								

Forms provided by Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking			Loan Repayment/Reimbursement Office Overhead/Rental Expense		Solicitation/Fundraising Expense Fransportation Equipment & Related Expense				
Consulting Expense	Food/Beve	erage Expense	Polling Expense	Trave	in District	neni a Reialeu i	zxpense		
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor		el Out of District ER (enter a cate	gory not listed al	oove)		
	The Inst	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (E	thics Commiss	sion Filers)		
Sch: 50/76 Rpt:	TCE VoteClean.org]		0	0088639				
4 CREDIT CARD ISSUER	Name of fina	Name of financial institution			5				
		CHARGED TO A CRI CARD							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer P	Paid				
Expenditure from corporate funds									
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	(.)						
Political									
Non-Political		of Texas. Complete Schedul		tin, TX, off	iceholder living e	expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	Office sought		Office held					
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY						
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer P	Paid				
X Expenditure from corporate funds	\$11.04	10/16/2024							
PAYEE	(a) Payee name		(b) Payee address;		City,	State.	Zip Code		
	(a) Fayee name		4038 S Port Ave		City,	State,			
	Home Depot 6584								
			Corpus Christi, TX 78	3415					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		Supplies to benefit th		e of candida	ates withou	t their		
X Political	Office Overhead/Rent	lai Expense	knowledge or consen	nt					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Aust	tin, TX, off	iceholder living e	expense			
Complete ONLY if direct	Candidate/Officeholder	name (Office sought		Office held				
expenditure to benefit C/OH	Klein, Jim	(CORPUS CHRISTI CITY		CORPUS	CHRISTI C	ITY		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	lssuer P	Paid				
Expenditure from corporate funds									
corporate lunus									
PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Political		·							
Non-Political		of Texas. Complete Schedul			Office hold	expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held				
expenditure to benefit C/OH	Araiza, Isabel	(CORPUS CHRISTI MAYOF	٦					

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel in District Travel Out of District OTHER (enter a category not listed above)				
		ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:					3 Filer ID (Eth	nics Commiss	ion Filers)		
Sch: 51/76 Rpt:	TCE VoteClean.org	1	1		00088639				
4 CREDIT CARD ISSUER	Name of final	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD		\$					
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid				
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Description						
	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedu		stin, TX, c	officeholder living ex	kpense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held				
expenditure to benefit C/OH	Gracia, Jennifer	1	CORPUS CHRISTI CITY						
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid				
PAYEE	(a) Payee name (see previous)		(b) Payee address;		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedu	le T. Check if Au	stin, TX, c	officeholder living ex	kpense			
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY						
Expenditure from corporate funds	(a) Amount Charged \$50.00	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card	Issuer	Paid				
PAYEE	(a) Payee name Paypal *MosaicPro	jec	(b) Payee address; 2211 N First St San Jose, CA 95131	L	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Consulting Expense		(b) Description Prof services to ben knowledge or conse	nt			thout their		
Non-Political		of Texas. Complete Schedu		stin, TX, c	officeholder living ex	kpense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder Klein, Jim		Office sought CORPUS CHRISTI CITY		Office held CORPUS C	HRISTI C	ITY		

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees C Food/Beverage Expense P - Gift/Awards/Memorials Expense P		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tran Trav Trav	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel in District Travel Out of District OTHER (enter a category not listed above				
	The Inst	ruction Guide explains	how to complete this form.						
1 5	2 FILER NAME			3	3 Filer ID (Eth	iics Commiss	ion Filers)		
Sch: 52/76 Rpt:	TCE VoteClean.org]		0	00088639				
4 CREDIT CARD ISSUER	Name of fina	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CR CARD	5	\$					
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer F	Paid				
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Description						
	(See Categories listed at the top	of this schedule)							
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul		stin, TX, of	ficeholder living ex	pense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	_	Office held				
expenditure to benefit C/OH	Araiza, Isabel	-	CORPUS CHRISTI MAYO						
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer F	Paid				
PAYEE	(a) Payee name (see previous)		(b) Payee address;		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Aus	stin, TX, of	ficeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held				
expenditure to benefit C/OH	Gracia, Jennifer	(CORPUS CHRISTI CITY						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer F	Paid				
PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Aus	stin, TX, of	ficeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder Caballero, Rachel		Diffice sought CORPUS CHRISTI CITY		Office held				

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	licitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District 'HER (enter a category not listed above)				
		The Inst	ruction Guide explains I	how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	ion Filers)		
	Sch: 53/76 Rpt:	TCE VoteClean.org	1			00088639				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITE	MIZED					
	ISSUER	RAMI	P/VISA		EXPENDITURES \$ CHARGED TO A CREDIT CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	[.] Paid				
	Expenditure from corporate funds	\$250.00	10/02/2024							
7	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code		
		It's a Grind Coffee I	House	615 N Upper Broad	lway					
				Corpus Christi, TX	78401					
8	PURPOSE OF	(a) Category	of this schoolule)	(b) Description						
EXPENDITURE (See Categories listed at the top of this schedule) X Political Food/Beverage Expense			F/B to benefit this s knowledge or cons		candidates wi	thout their	ſ			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX, officeholder living expense						
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Of			Office sought		Office held				
е	expenditure to benefit C/OH Klein, Jim			CORPUS CHRISTI CITY		CORPUS C	HRISTI C	ITY		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	^r Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Description	(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if A	ustin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held				
е	expenditure to benefit C/OH	Araiza, Isabel	C	CORPUS CHRISTI MAY	OR					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	^r Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX.	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder		Diffice sought	, ,	Office held				
е	expenditure to benefit C/OH	Gracia, Jennifer		ORPUS CHRISTI CITY						
<u> </u>										

Forms provided by Texas Ethics Commission

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking	Event Exp	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		ation/Fundraising portation Equipm		Typonco		
Consulting Expense		erage Expense	Polling Expense	Travel	in District	eni a Reialeu i	zxpense		
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor		Out of District R (enter a catego	ory not listed at	oove)		
	The Inst	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 54/76 Rpt:	TCE VoteClean.org]		00	0088639				
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMI EXPENDITURES	IZED					
ISSUER			CHARGED TO A CR	· ·					
		•	CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Pa	aid				
Expenditure from corporate funds									
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE (See Categories listed at the top of this schedule)									
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aus	stin, TX, offic	eholder living ex	pense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name (Office sought	C	Office held				
expenditure to benefit C/OH	CORPUS CHRISTI CITY								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Date(s) Credit Card Issuer Paid					
X Expenditure from	\$191.96	10/03/2024							
corporate funds									
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
			440 Terry Ave N						
	Amazon								
			Seattle, WA 98109						
PURPOSE OF	(a) Category		(b) Description						
	(See Categories listed at the top Office Overhead/Ren			Gen Merc to benefit this slate of candidates without their knowledge or consent					
X Political		P	knowledge of conser	IL					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aus	stin, TX, offic	eholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	name (Office sought	C	Office held				
expenditure to benefit C/OH	Klein, Jim	(CORPUS CHRISTI CITY	C	CORPUS C	HRISTI C	ITY		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Pa	aid				
Expenditure from corporate funds									
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
	(See previous)								
	(-) 0-+-								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	、 · · · · · · · · · · · · · · · · · · ·	/							
Political									
Non-Political		of Texas. Complete Schedul			eholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder Araiza, Isabel		Office sought		Office held				
expenditure to benefit C/OH	CORPUS CHRISTI MAYOI	R							

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award I Committee Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipn Travel in District Travel Out of District				
	Total pages Cabadula E4				3 Filer ID (Et	hing Commiss	ion Filore)		
1	Total pages Schedule F4:						sion Filers)		
Ŀ	Sch: 55/76 Rpt:	TCE VoteClean.org		5 TOTAL OF UNITEMIZ	00088639				
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPENDITURES \$ CHARGED TO A CREDIT CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	Expenditure from corporate funds								
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		(see previous)							
8				(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule)									
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living e	xpense			
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name O			Office sought	Office held				
е	xpenditure to benefit C/OH	Gracia, Jennifer	C	ORPUS CHRISTI CITY					
	Expenditure from corporate funds	penditure from			suer Paid				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		(see previous)			- 97				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austir	n, TX, officeholder living e	xnense			
-	Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held	, ponoo			
e	xpenditure to benefit C/OH	Caballero, Rachel		ORPUS CHRISTI CITY					
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	X Expenditure from corporate funds	\$51.79	10/04/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		HEB 057		1145 Waldron Rd					
				Corpus Christi, TX 784	418				
⊢	PURPOSE OF	(a) Category		(b) Description	.20				
	EXPENDITURE	(See Categories listed at the top	,	Supplies for tabling to	benefit this slate	of candida	ates		
	Office Overhead/Rental Expense		without their knowledg						
X Political				,e ei eeneene					
	X Political		-			vnense			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living e	xpense			
e			of Texas. Complete Schedule				ITY		

	EXPI	ENDITURE CATEGO	RIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award I Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimburseme Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor	se Tra Tra Tra OT	iolicitation/Fundraising Expense ransportation Equipment & Related Expe ravel in District ravel Out of District THER (enter a category not listed above				
	The Inst	ruction Guide explains	how to complete this form.		i				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)		
Sch: 56/76 Rpt:	TCE VoteClean.org	9			00088639				
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S	\$				
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid				
7 PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
8 PURPOSE OF (a) Category			(b) Description						
EXPENDITURE (See Categories listed at the top of this schedule)									
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul		if Austin, TX, o	officeholder living e	expense			
9 Complete <u>ONLY</u> if direct					Office held				
			CORPUS CHRISTI MA	-					
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid				
PAYEE	(a) Payee name (see previous)		(b) Payee address;		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check	if Austin, TX, o	officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CIT						
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid				
PAYEE	(a) Payee name	-	(b) Payee address;		City,	State,	Zip Code		
	(see previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Coce ouregones instea at the lop								
Political									
Non-Political		of Texas. Complete Schedul		if Austin, TX, o	officeholder living	expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	->/	Office held				
expenditure to benefit C/OH	Caballero, Rachel	(CORPUS CHRISTI CIT	Y					

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
		The Inst	ruction Guide explains I	now to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	iics Commiss	ion Filers)		
	Sch: 57/76 Rpt:	TCE VoteClean.org)			00088639				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITE						
	ISSUER	RAMI	P/VISA		EXPENDITURES \$ CHARGED TO A CREDIT CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issue	r Paid				
	X Expenditure from corporate funds	\$33.23	10/05/2024							
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
				440 Terry Ave N	440 Terry Ave N					
		Amazon								
				Seattle, WA 98109	9					
8				(b) Description						
		(See Categories listed at the top Office Overhead/Ren		Gen Merc to benefit this slate of candidates without t			ut their			
	X Political			knowledge or cons	knowledge or consent					
Non-Political (C) Check if travel outside of Texas. Complete Schedule			T. Check if	Austin, TX,	officeholder living ex	pense				
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Off			Office sought		Office held				
е	expenditure to benefit C/OH Klein, Jim C			ORPUS CHRISTI CITY	Y	CORPUS C	HRISTI C	ITY		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issue	r Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
_	PURPOSE OF	(a) Category		(b) Description	(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held				
е	xpenditure to benefit C/OH	Araiza, Isabel	C	ORPUS CHRISTI MAY	/OR					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issue	r Paid				
	Expenditure from corporate funds									
	-									
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
		(000 promote)								
-	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Austin T⊻	officeholder living ex	mense			
-	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought	, usuii, 1A,	Office held	pense			
e	xpenditure to benefit C/OH	Gracia, Jennifer		ORPUS CHRISTI CITY	Y					
Ĺ		,								

Forms provided by Texas Ethics Commission

	EXP	ENDITURE CATEGOR	IES FOR BOX 1	0(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award I Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	tal Expense Tra Tra Tra ract Labor OT	Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel in District Travel Out of District DTHER (enter a category not listed abo				
		ruction Guide explains h	low to complete th	is form.	1				
1 5	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 58/76 Rpt:	TCE VoteClean.org	1			00088639				
4 CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$				
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	(see previous)								
8 PURPOSE OF	(a) Category		(b) Descript	ion					
EXPENDITURE (See Categories listed at the top of this schedule)									
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. [Check if Austin, TX,	officeholder living ex	pense			
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held				
expenditure to benefit C/OH	ORPUS CHRIS	STI CITY							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
X Expenditure from corporate funds	\$7.01	10/05/2024							
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code		
	Current		301 IH 37	Access Rd					
	Sunoco								
				Corpus Christi, TX 78401					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	., .	(b) Description					
	Travel In District	of this schedule)	Travel to benefit this slate of candidates without their knowledge or consent						
X Political			Kilowieuge	or consent					
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,		pense			
Complete ONLY if direct	Candidate/Officeholder								
			ffice sought		Office held				
expenditure to benefit C/OH	Klein, Jim	С	ORPUS CHRIS	-	CORPUS C	HRISTI C	ITY		
PAYMENT	Klein, Jim (a) Amount Charged		ORPUS CHRIS	STI CITY Credit Card Issuer	CORPUS C	HRISTI C	ITY		
		С	ORPUS CHRIS	-	CORPUS C	HRISTI C	ITY		
PAYMENT		С	ORPUS CHRIS	Credit Card Issuer	CORPUS C	HRISTI C	ITY Zip Code		
Expenditure from corporate funds	(a) Amount Charged	С	ORPUS CHRIS	Credit Card Issuer	CORPUS C Paid				
PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	 (a) Amount Charged (a) Payee name (see previous) (a) Category 	C (b) Date of Charge	ORPUS CHRIS	Credit Card Issuer	CORPUS C Paid				
PAYMENT Expenditure from corporate funds PAYEE	(a) Amount Charged (a) Payee name (see previous)	C (b) Date of Charge	ORPUS CHRIS	Credit Card Issuer	CORPUS C Paid				
PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	 (a) Amount Charged (a) Payee name (see previous) (a) Category 	C (b) Date of Charge	ORPUS CHRIS	Credit Card Issuer	CORPUS C Paid				
PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE	 (a) Amount Charged (a) Payee name (see previous) (a) Category	C (b) Date of Charge	ORPUS CHRIS	Credit Card Issuer	CORPUS C Paid City,	State,			
PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	 (a) Amount Charged (a) Payee name (see previous) (a) Category	C (b) Date of Charge of this schedule)	ORPUS CHRIS	ddress;	CORPUS C Paid City,	State,			

	EXPI	ENDITURE CATEGO	RIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transpo Travel i Travel (olicitation/Fundraising Expense ransportation Equipment & Related Expe ravel in District ravel Out of District DTHER (enter a category not listed above				
	The Inst	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Eth	ics Commiss	ion Filers)		
Sch: 59/76 Rpt:	TCE VoteClean.org]		00	088639				
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
7 PAYEE	(a) Payee name		(b) Payee address;			State,	Zip Code		
	(see previous)								
8 PURPOSE OF (a) Category			(b) Description						
EXPENDITURE (See Categories listed at the top of this schedule)									
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Austi	in, TX, office	eholder living ex	pense			
			Office sought	0	ffice held				
expenditure to benefit C/OH Gracia, Jennifer CC			CORPUS CHRISTI CITY						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Pa	id				
PAYEE	(a) Payee name		(b) Payee address;	(City,	State,	Zip Code		
	(see previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	(b) Description					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T Check if Austi	in TX office	eholder living ex	mense			
Complete ONLY if direct	Candidate/Officeholder		Office sought		ffice held	pense			
expenditure to benefit C/OH	Caballero, Rachel	(CORPUS CHRISTI CITY						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Pa	id				
Expenditure from corporate funds	\$99.05	10/14/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	C	City,	State,	Zip Code		
	Office Depot		1737 S Staples						
	Office Depot								
			Corpus Christi, TX 78	3404					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	io olata i	of oor did -		t thair		
X Political	Office Overhead/Ren			Supplies to benefit this slate of candidates without their knowledge or consent					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Austi	in, TX, office	eholder living e	pense			
Complete ONLY if direct	Candidate/Officeholder		Office sought		ffice held				
expenditure to benefit C/OH	Morin, Alvin	F	ROBSTOWN SCHOOL BO	3STOWN SCHOOL BOARD					

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards al Committee Legal Serv	rage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equip Travel in District Travel Out of District					
		ruction Guide explains	how to complete this form.						
1 5	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 60/76 Rpt:	TCE VoteClean.org	,		00088639					
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living	expense				
9 Complete ONLY if direct Candidate/Officeholder name Off			Office sought	Office held					
expenditure to benefit C/OH	MORALES, JIMMY	ROBSTOWN SCHOOL BOA	ARD						
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(see previous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living	0200050				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought	Office held	expense				
expenditure to benefit C/OH	VILLALOBOS, YVET		ROBSTOWN SCHOOL BOA						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is						
X Expenditure from corporate funds	\$33.79	09/27/2024							
PAYEE	(a) Payee name 7-Eleven		(b) Payee address; 3558 Far West Blvd Austin, TX 78731	City,	State,	Zip Code			
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Travel to benefit this s knowledge or consent		es without tl	neir			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living	expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Dffice sought	Office held					
expenditure to benefit C/OH	Campos, Sylvia	C	CORPUS CHRISTI CITY	CORPUS	CHRISTI C	ITY			

		EXP	ENDITURE CATEGOR	RIES FOR BOX	10(a)					
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/R Office Overhead/Re		olicitation/Fundraising ansportation Equipme		Zynonco		
	Consulting Expense	Food/Beve	erage Expense	Polling Expense	Tr	avel in District		LAPENSE		
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Co		avel Out of District THER (enter a catego	ry not listed at	oove)		
		The Inst	ruction Guide explains	how to complete	this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 61/76 Rpt:	TCE VoteClean.org]			00088639				
4	CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	Expenditure from corporate funds									
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
8	8 PURPOSE OF (a) Category			(b) Descri	ation					
ľ	EXPENDITURE (See Categories listed at the top of this schedule)									
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule			officeholder living exp	20000			
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held	Jense			
	xpenditure to benefit C/OH	Klein, Jim		CORPUS CHR	ISTI CITY	CORPUS CI	HRISTI C	ITY		
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	s) Credit Card Issuer Paid					
	Expenditure from corporate funds									
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Descri	(b) Description					
		(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
e	xpenditure to benefit C/OH	Araiza, Isabel		CORPUS CHR						
		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Descri	otion					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held				
е	xpenditure to benefit C/OH	Gracia, Jennifer	0	CORPUS CHR						

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve '- Gift/Award I Committee Legal Serv	ense erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Rental Expense Transportation Equipment & Travel in District Travel Out of District Contract Labor OTHER (enter a category n		ment & Related				
		ruction Guide explains	how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3	3 Filer ID (E	Ethics Commiss	sion Filers)			
Sch: 62/76 Rpt:	TCE VoteClean.org]		(00088639					
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CR CARD	5	\$					
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer F	Paid					
7 PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code			
	(see previous)									
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE (See Categories listed at the top of this schedule)										
Political	Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aus	stin, TX, of	ficeholder living	expense				
9 Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
expenditure to benefit C/OH	Caballero, Rachel	C	CORPUS CHRISTI CITY							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer F	Paid					
X Expenditure from corporate funds	\$12.79	09/28/2024								
PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code			
	Calendly		115 E Main St Ste A1B							
	(a) Catagony		Buford, GA 30518 (b) Description							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren	,	Overhead to benefit to knowledge or conser		ate of candi	dates witho	out their			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aus	stin, TX, of	ficeholder living	expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought		Office held					
expenditure to benefit C/OH	Klein, Jim	C	CORPUS CHRISTI CITY		CORPUS	CHRISTI C	ITY			
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer F	Paid					
PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code			
	(see previous)									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	_						
Political										
Non-Political		of Texas. Complete Schedule		tin TV of	ficoboldor living	ovponse				
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	•	Dffice sought	5u11, 1X, 0f	ficeholder living Office held	expense				
expenditure to benefit C/OH	Araiza, Isabel		CORPUS CHRISTI MAYO	R						

	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)						
Advertising Expense	Event Exp		Loan Repayment/Reimb	ursement So	licitation/Fundraisin		_			
Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Polling Expense	Tra	ansportation Equipn avel in District	ient & Related E	Expense			
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contrac		avel Out of District HER (enter a categ	lorv not listed at	ove)			
	-	ruction Guide explains	-				,			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	ion Filers)			
Sch: 63/76 Rpt:	TCE VoteClean.ord	1			00088639					
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF	UNITEMIZED						
ISSUER			EXPENDIT		\$					
			CHARGED CARD	TO A CREDIT						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	_	edit Card Issuer	Paid					
Expenditure from	(a) Amount Charged	(b) Date of Charge		euit Caru Issuer	Faiu					
corporate funds										
	() =			-						
7 PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code			
	(see previous)									
	(b) Description	-								
8 PURPOSE OF EXPENDITURE				1						
Political										
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	-	xpense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held					
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRIST	-						
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid					
Expenditure from corporate funds										
PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code			
	(see previous)									
			<i>(</i>) -							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
Political										
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	-	xpense				
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held					
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRIST							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid					
X Expenditure from corporate funds	\$445.46	09/28/2024								
PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code			
	Air BnB		888 Brannai	n St.						
				co, CA 94103						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description							
	Travel In District	or and somedule)		nefit this slate	of candidate	s without th	neir			
X Political			knowledge o							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	officeholder living e	xpense				
Complete ONLY if direct	Candidate/Officeholder		Dffice sought		Office held					
expenditure to benefit C/OH	I CITY									

		EXP	ENDITURE CATEGO	RIES FOR BOX	10(a)					
Advertising Expense Accounting/Banking		Event Exp Fees	ense	Loan Repayment/F Office Overhead/R		Solicitation/Fundraising		Transa		
Consulting Expense	de Du	Food/Beve	erage Expense	Polling Expense	Т	ravel in District		LAPENSE		
Contributions/ Donations Ma Candidate/Officeholder/P		Legal Serv	ls/Memorials Expense /ices	Printing Expense Salaries/Wages/Co		Travel Out of District OTHER (enter a catego	ory not listed at	oove)		
		The Inst	ruction Guide explains	how to complete	this form.					
1 Total pages Schedule	4: 2 FILER NA	ME				3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 64/76 Rpt:	TCE Vote	eClean.or	9			00088639				
4 CREDIT CARD ISSUER	N	ame of fina	ncial institution	EXPEN	OF UNITEMIZED	\$				
					GED TO A CREDI					
6 PAYMENT	(a) Amount C	harged	(b) Date of Charge	(c) Date(s	(c) Date(s) Credit Card Issuer Paid					
Expenditure from corporate funds										
7 PAYEE	(a) Payee na	me	•	(b) Payee	address;	City,	State,	Zip Code		
	(see prev	ious)								
8 PURPOSE OF	(a) Category			(b) Descri	ntion					
EXPENDITURE		(See Categories listed at the top of this schedule)			ption					
Political										
Non-Political	(C) Check i	travel outside	of Texas. Complete Schedul	le T.	Check if Austin, TX	K, officeholder living ex	pense			
9 Complete ONLY if dire	t Candidate/0	Officeholde	r name (Office sought		Office held				
expenditure to benefit C/	CH Klein, Jim		(CORPUS CHR	ISTI CITY	CORPUS C	HRISTI C	ITY		
PAYMENT (a) Amount Charged (b) Date of Charge		(c) Date(s) Credit Card Issue	er Paid						
Expenditure from										
corporate funds										
PAYEE	(a) Payee na	me	•	(b) Payee	address;	City,	State,	Zip Code		
	(see prev	ious)								
		1003)								
	(a) Catagon ((b) Deceri	(b) Description					
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top	of this schedule)	(b) Desch	(b) Description					
Political										
Non-Political			of Texas. Complete Schedul			(officeholder living ex	20200			
Complete <u>ONLY</u> if dire			•	Office sought		C, officeholder living ex Office held	pense			
expenditure to benefit C/				CORPUS CHR	ISTI MAYOR					
PAYMENT	(a) Amount C		(b) Date of Charge) Credit Card Issue	er Paid				
Expenditure from		Jen gen	(a) = and an anning a	(0) = 0.00 (0	,					
corporate funds										
PAYEE	(a) Payee na	me		(b) Payee	address;	City,	State,	Zip Code		
	(see prev	ious)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the ton	of this schedule)	(b) Descri	ption					
	(See Calegories)									
Political										
Non-Political	(C) Check i	travel outside	of Texas. Complete Schedul		Check if Austin, TX	K, officeholder living ex	pense			
Complete ONLY if dire				Office sought		Office held				
expenditure to benefit C/	OH Gracia, Je	nnifer		CORPUS CHR						

		EXP	ENDITURE CATEGO	RIES FOR BOX	10(a)						
	Advertising Expense	Event Exp		Loan Repayment/R	eimbursement S	olicitation/Fundraising		_			
	Accounting/Banking Consulting Expense		erage Expense	Office Overhead/Re Polling Expense	T	ransportation Equipme ravel in District	ent & Related i	Expense			
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Co		ravel Out of District THER (enter a catego	ry not listed at	oove)			
		The Inst	ruction Guide explains	how to complete	this form.		-	,			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)			
	Sch: 65/76 Rpt:	TCE VoteClean.org	r			00088639					
4	CREDIT CARD		ncial institution	5 TOTAL	OF UNITEMIZED						
-	ISSUER	Nume of fina			IDITURES	\$					
					GED TO A CREDIT	-					
L				CARD							
6		(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Palu					
	Expenditure from corporate funds										
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		(see previous)									
		(See previous)									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption						
			or this softeduicy								
	Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living exp	oense				
9	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held					
e	xpenditure to benefit C/OH	Caballero, Rachel	(CORPUS CHR	ISTI CITY						
PAYMENT (a) Amount Charged(b) Date of Charge			(c) Date(s)) Credit Card Issue	er Paid						
	X Expenditure from corporate funds	\$29.64	09/28/2024								
	corporate funds										
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
				3558 Far	West Blvd						
		Circle K									
				Austin, T	Austin, TX 78731						
	PURPOSE OF	(a) Category		(b) Descri	(b) Description						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		Travel to benefit this slate of candidates without their						
	X Political			knowledg	ge or consent						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living ex	oense				
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held					
е	xpenditure to benefit C/OH	McKay, Eli	C	CORPUS CHR	ISTI CITY						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid					
	Expenditure from										
	corporate funds										
⊢	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
						-					
		(see previous)									
	PURPOSE OF	(a) Category		(b) Descri	otion						
	EXPENDITURE	(See Categories listed at the top	of this schedule)								
	Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX	, officeholder living ex	oense				
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholde		Office sought		Office held					
е	xpenditure to benefit C/OH	Klein, Jim		CORPUS CHR	ISTI CITY	CORPUS C	HRISTI C	ITY			
							•				

		EX	PENDITURE CATEGO	RIES FOR BO	(10(a)					
Advertising Expe Accounting/Bank Consulting Expe Contributions/ Do Candidate/Off	king nse	Fees Food/Be / - Gift/Awa I Committee Legal Se	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P		office Overhead/Rental Expense Tra olling Expense Tra rinting Expense Tra alaries/Wages/Contract Labor OT		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
		The In	struction Guide explains	how to complete	e this form.					
1 Total pages S	chedule F4:	2 FILER NAME				3 Filer ID (Eth	hics Commiss	sion Filers)		
Sch: 66/76 F	Rpt:	TCE VoteClean.o	rg			00088639				
4 CREDIT CAR ISSUER	D	Name of fir	EXPE	L OF UNITEMIZE NDITURES GED TO A CRED	\$					
6 PAYMENT Expenditu corporate		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issı	uer Paid				
7 PAYEE		(a) Payee name		(b) Payee	e address;	City,	State,	Zip Code		
		(see previous)								
8 PURPOSE O		(a) Category		(b) Desci	iption					
	RE	(See Categories listed at the t	(See Categories listed at the top of this schedule)							
Political										
Non-Poli	tical	(C) Check if travel outsid	le of Texas. Complete Schedu	ile T.	Check if Austin, T	TX, officeholder living ex	xpense			
9 Complete ON		Candidate/Officehold		Office sought		Office held				
expenditure to b										
PAYMENT Expenditu corporate		(a) Amount Charged	(b) Date of Charge	(c) Date(:	s) Credit Card Issı	uer Paid				
PAYEE		(a) Payee name (see previous)		(b) Payee	e address;	City,	State,	Zip Code		
PURPOSE O EXPENDITUR		(a) Category (See Categories listed at the te	op of this schedule)	(b) Desci	iption					
Non-Poli	tical	(C) Check if travel outsid	le of Texas. Complete Schedu	lle T.	Check if Austin, T	TX, officeholder living e	xpense			
Complete ON	<u>LY</u> if direct	Candidate/Officehold		Office sought		Office held				
expenditure to b	enefit C/OH	Gracia, Jennifer		CORPUS CHI						
PAYMENT Expenditu corporate		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issı	uer Paid				
PAYEE		(a) Payee name		(b) Payee	e address;	City,	State,	Zip Code		
		(see previous)								
PURPOSE O		(a) Category (See Categories listed at the to	on of this schedule)	(b) Desci	iption					
Political										
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, T	TX, officeholder living ex	xpense			
	Complete ONLY if directCandidate/Officeholder nameOffice soughtOffice heldexpenditure to benefit C/OHCaballero, RachelCORPUS CHRISTI CITY									

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trans Trave Trave	ation/Fundraising portation Equipme I in District I Out of District ER (enter a catego	nt & Related E			
		The Inst	ruction Guide explains h	now to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethi	cs Commiss	ion Filers)		
	Sch: 67/76 Rpt:	TCE VoteClean.org	Į		0	0088639				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ						
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE CARD		\$ 				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer P	aid				
	Expenditure from corporate funds	\$71.01	10/02/2024							
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
				888 Brannan St.						
		Air BnB								
			San Francisco, CA 94	103						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)			of this schedule)	(b) Description	slata of	candidatos	without th	oir		
	_	Travel In District	vol In Dictrict		Travel to benefit this slate of candidates without their knowledge or consent					
	X Political									
				T. Check if Austin		ceholder living exp Office held	ense			
	xpenditure to benefit C/OH	McKay, Eli	ORPUS CHRISTI CITY	(
		(a) Amount Charged	(c) Date(s) Credit Card Is	suer P	aid					
	Expenditure from corporate funds		(b) Date of Charge							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
-	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, offi	ceholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	(Office held				
e	xpenditure to benefit C/OH	Klein, Jim	С	ORPUS CHRISTI CITY	(CORPUS CI	HRISTI C	ITY		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer P	aid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
⊢	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, offi	ceholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	(Office held				
e	xpenditure to benefit C/OH	Araiza, Isabel	С	ORPUS CHRISTI MAYOR	2					

	EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		citation/Fundraisin Isportation Equipn		Expense			
Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Trav	el in District el Out of District					
Candidate/Officeholder/Politica	l Committee Legal Serv	rices	Salaries/Wages/Contract Labor		IER (enter a categ	ory not listed at	oove)			
		ruction Guide explains I	how to complete this form.							
1 Total pages Schedule F4:					3 Filer ID (Et	hics Commiss	ion Filers)			
Sch: 68/76 Rpt:	TCE VoteClean.org			(00088639					
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR		\$					
		-	CARD							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer I	Paid					
Expenditure from corporate funds										
7 PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code			
	(see previous)									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description	(b) Description							
Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule		tin TX of	fficeholder living e	vnense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Office sought	un, 17, 0	Office held	xpense				
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI CITY							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer I	Paid					
Expenditure from										
corporate funds										
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
	(see previous)									
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)								
Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		tin TX of	fficeholder living e	vnense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Office sought	un, 17, 0	Office held	vhense				
expenditure to benefit C/OH	Caballero, Rachel		ORPUS CHRISTI CITY							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer I	Paid					
X Expenditure from	\$63.90	10/03/2024								
corporate funds										
PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code			
	Otalia e e		1303 3rd St.							
	Stripes									
			Corpus Christi, TX 78	8404						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	oloto -	f oondidate		ooir			
	Travel In District	,	Travel to benefit this knowledge or conser		n canuldate	s without th	IEII			
X Political										
Non-Political		of Texas. Complete Schedule		tin, TX, of	fficeholder living e	xpense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held					
expenditure to benefit C/OH	McKay, Eli	Ĺ	CORPUS CHRISTI CITY							

		EXP	ENDITURE CATEGO	RIES FOR BOX	10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Candidate/Officeholder/Pr		Fees Food/Beverage Expense Gift/Awards/Memorials Expense		Loan Repayment/F Office Overhead/R Polling Expense Printing Expense	Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)			
		The Inst	ruction Guide explains	how to complete	this form.					
1 Total pages Schedule I	4: 2 FILER NAM	1E				3 Filer ID (Ethi	cs Commiss	ion Filers)		
Sch: 69/76 Rpt:	TCE Vote	Clean.org	9			00088639				
4 CREDIT CARD ISSUER	Na	Name of financial institution			OF UNITEMIZED NDITURES GED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Ch	narged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	er Paid				
Expenditure from corporate funds										
7 PAYEE	(a) Payee nam	ne	-	(b) Payee	address;	City,	State,	Zip Code		
	(see previ	ous)								
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				(b) Descri	ption					
	(See Categories lis	(See Categories listed at the top of this schedule)								
Political										
Non-Political	(C) Check if t	ravel outside	of Texas. Complete Schedul	le T.	Check if Austin, TX	(, officeholder living exp	oense			
9 Complete ONLY if dire		fficeholde		Office sought		Office held				
expenditure to benefit C/0				CORPUS CHF		CORPUS CI	HRISTI C	ITY		
PAYMENT Expenditure from corporate funds	(a) Amount Ch	narged	(b) Date of Charge	(c) Date(s	Credit Card Issue	er Paid				
PAYEE	(a) Payee nam (see previ			(b) Payee	address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top	of this schedule)	(b) Descri	(b) Description					
Non-Political	(C) Check if t	ravel outside	of Texas. Complete Schedul	le T.	Check if Austin, TX	, officeholder living exp	oense			
Complete ONLY if dire	t Candidate/O	fficeholde		Office sought		Office held				
expenditure to benefit C/0	OH Araiza, Isat	pel	(CORPUS CHF	RISTI MAYOR					
PAYMENT Expenditure from corporate funds	(a) Amount Ch	narged	(b) Date of Charge	(c) Date(s	i) Credit Card Issue	er Paid				
PAYEE	(a) Payee nam	ne	•	(b) Payee	address;	City,	State,	Zip Code		
	(see previ	ous)								
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top	of this schedule)	(b) Descri	ption					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Officeholder name					Check if Austin, TX	C, officeholder living exp	oense			
Complete <u>ONLY</u> if direct expenditure to benefit C/0				Office sought CORPUS CHF	ce sought Office held RPUS CHRISTI CITY					

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Awards	ense erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipn Travel in District Travel Out of District						
	The Inst	ruction Guide explains I	how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commissi	on Filers)				
Sch: 70/76 Rpt:	TCE VoteClean.org]		00088639						
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZI EXPENDITURES CHARGED TO A CRE CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
corporate funds										
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	(see previous)									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	(b) Description						
Political										
Non-Political		of Toyog, Complete Schedule		, TX, officeholder living e	N DODGO					
9 Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	Office held	xpense					
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CITY							
PAYMENT	(a) Amount Charged	(c) Date(s) Credit Card Is	suer Paid							
X Expenditure from corporate funds	\$35.20	10/03/2024								
PAYEE	(a) Payee name 7-Eleven		(b) Payee address; 3558 Far West Blvd Austin, TX 78731	City,	State,	Zip Code				
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Travel to benefit this sl knowledge or consent	Travel to benefit this slate of candidates without their knowledge or consent						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living e	expense					
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held						
expenditure to benefit C/OH	Campos, Sylvia	C	CORPUS CHRISTI CITY	CORPUS (CHRISTI CI	TY				
PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is:	suer Paid						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	(see previous)									
	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
Political										
Non-Political		of Texas. Complete Schedule		, TX, officeholder living e	expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder Klein, Jim		Office sought	Office held CORPUS (CHRISTI CI	ТҮ				

Forms provided by Texas Ethics Commission

	EXPI	ENDITURE CATEGO	RIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract	xpense Tra Tra Labor OT	iolicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)					
	l	ruction Guide explains	how to complete this f	orm.	<u>i</u>					
1 5	2 FILER NAME			3 Filer ID (Ethics Commission Fil						
Sch: 71/76 Rpt:	TCE VoteClean.org)			00088639					
4 CREDIT CARD ISSUER	Name of fina	Name of financial institution			\$					
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	⁻ Paid					
7 PAYEE	(a) Payee name	•	(b) Payee addr	ess;	City,	State,	Zip Code			
	(see previous)									
8 PURPOSE OF										
	(See Categories listed at the top									
Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul		Check if Austin, TX,	officeholder living e	xpense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held					
expenditure to benefit C/OH										
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid					
PAYEE	(a) Payee name (see previous)		(b) Payee addr	ess;	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	е Т. 🗌 С	Check if Austin, TX,	officeholder living e	xpense				
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held					
expenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHRISTI							
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	^r Paid					
PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code			
	(see previous)									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
	Core ouregones instea at the lop									
Political										
Non-Political					officeholder living e	xpense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held					
expenditure to benefit C/OH	expenditure to benefit C/OH Caballero, Rachel CORPUS CHRISTI CITY									

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursemer Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	e Tra Tra Tra	licitation/Fundraising ansportation Equipm avel in District avel Out of District THER (enter a catego	ent & Related I			
		The Inst	ruction Guide explains h	now to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	iics Commiss	sion Filers)		
	Sch: 72/76 Rpt:	TCE VoteClean.org	I			00088639				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITE		\$				
	ISSUER	see pl	revious	EXPENDITURES CHARGED TO A CARD	CHARGED TO A CREDIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuei	r Paid				
	Expenditure from corporate funds	\$40.10	10/07/2024							
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
				2768 IH 35 N						
		Buc-EE's								
				New Braunfels, T	X 78132					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
	X Political		Travel to benefit this slate of candidates without their knowledge or consent							
	Non-Political	T. Check if	Austin, TX,	officeholder living ex	pense					
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held				
e	xpenditure to benefit C/OH	Magnusson, Eric	ORPUS CHRISTI CIT	Y						
PAYMENT (a) Amount Charged			(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	r Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category	of this school (10)	(b) Description						
		(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political		of Texas. Complete Schedule		Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held				
e	xpenditure to benefit C/OH	Klein, Jim		ORPUS CHRISTI CIT		CORPUS C	HRISTI C	ITY		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuei	r Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
⊢	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political		of Texas. Complete Schedule		Austin, TX,	X, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held				
e	xpenditure to benefit C/OH Araiza, Isabel CORPUS CHRISTI MAYOR									

Sch: 73/76 Rpt: TCE VoteClean.org 00088639 4 CREDIT CARD ISSUER Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 PAYMENT Corporate funds (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid * 7 PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code										
Accounting barriers Calification of the set o		EXPENDITURE CATEGORIES FOR BOX 10(a)								
Contracting Density Density of Contracting Density of Contr									Transo	
Carditate/Offerendser/United accenters Laged Services State // Services Offer Review acceptory not latest above The instruction Guide explainable to complete this form. 1 Total pages Schedule F4: Sch: 73/76 Rpt: 2 FLER NAME 3 Flat ID (Ethics Commission Filers) 00088639 6 CREDIT CARD IName of financial institution 5 TOTAL OF UNITENIZED CHARGED TO A CREDIT \$ 7 PAYEE (a) Amount Charged (b) Date of Charge (c) Dates() Credit Card Issuer Paid \$ 7 PAYEE (a) Amount Charged (b) Date of Charge (c) Payee address; City, State, Zip Code 7 PAYEE (a) Caregory (gee Categories listed at the top of this schedule) (b) Description City, State, Zip Code 9 Complete DatLy if direct expendure from corporate Lands Condidate/Officeholder name Office sought Office held 9 Complete DatLy if direct expendure from complete DatLy if direct Condidate/Officeholder name Office sought Office held 9 Complete DatLy if direct Condidate/Officeholder name Office sought Office held 9 Complete DatLy if direct Candidate/Officehol		Consulting Expense	Food/Beve		Polling Expense	Tra	avel in District		Lxpense	
1 Total pages Schedule F4: 2 FILER NAME 3 Filer 1D (Ethics Commission Files) 2 GREDIT GRD Name of financial institution 5 TOTAL OF UNITENESS EXPENDITURES 00088639 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 5 7 PAYEE (a) Payee name (b) Date of Charge (b) Description (c) Date(s) Credit Card Issuer Paid 5 9 Complete DNLY Id drext (a) Category (b) Category ethic solution of this solution (b) Description (c) Description 9 Complete DNLY Id drext Candidate/Officeholder name Office solution (c) Date(s) Credit Card Issuer Paid Office held 9 Complete DNLY Id drext Candidate/Officeholder name Office solution Office held Office held 9 Complete DNLY Id drext (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Office held 9 PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Office held 9 Complete DNLY Id drext Candidate/Officeholder name Office solution Office held Candidate/Officeholder name Office held 9 Complete DNLY Id drext Candidate/ Id thesit of tass. Camplete Scholatit T. <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>oove)</td>									oove)	
Sch: 73/76 Rpt: TCE VoteClean.org 00088639 4 CREDIT CARD ISECUTION CARD STOTAL OF UNITEMIZED CHARGED TO A CREDIT Name of Ima-cla institution 5 TOTAL OF UNITEMIZED CHARGED TO A CREDIT S 6 PAYMENT Dependent hom corporate hunds (a) Amount Charged (b) Date of Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid S 7 PAYEE (a) Payee name (see previous) (b) Date of Charge (b) Payee address; City, State, Zip Code 9 Own-Political Don-Political (a) Category (see clargeres tends at the top of the scheaue) (b) Description City, State, Zip Code 9 Complete QMLY if direct Complete QMLY if d			The Inst	how to complete this form.						
4 CREDIT CARD ISSUER Name of financial institution S TOTAL OF UNITEMIZED CHARGED TO A CREDIT CHARGED TO A CREDIT COMPOSE OF CHARGED TO A CREDIT COMPOSE OF CHARGED TO A CREDIT COMPOSE OF CHARGED TO A COMPOSE OF	1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)	
ISSUER EXPENDITURES CARAGED TO A CREDIT CARA S 6 PAYMENT Expenditure from corporate funds (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (see previous) (b) Date of Charge (see previous) (b) Description 8 PURPOSE OF EXPENDITURE (a) Category (see Camports Bield at the top of this schedule) (b) Description 9 Complete DNLY if direct expenditure for benefit COH Candidate/OfficeHolder name (see previous) Office Hold 9 Complete DNLY if direct expenditure to benefit COH (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Payee address: City. State. Zip Code PAYEE (a) Category (see Camports funds (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Complete Soluty if direct Candidate/OfficeHolder name (b) Description PURPOSE OF EXPENDITURE (a) Category (so Category comparitie District (COH (c) Cancid if theref coulds or this schedule) (b) Description PURPOSE OF EXPENDITURE (a) Amount Charged (s32.91 (b) Date of Charge (s22.9		Sch: 73/76 Rpt:	TCE VoteClean.org]			00088639			
6 PATMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (b) Payee address: City. State, Zip Code 8 PUEPOSE OF (a) Category (b) Description Concertain State City. State, Zip Code 9 Complete ChiLY if direct Candidate/Office/Index duated of Trons. Complete StateAdue (b) Description 9 Complete ChiLY if direct Candidate/Office/Index duated of Trons. Complete StateAdue Office Held Office Held 9 Complete ChiLY if direct Candidate/Office/Index duated of Trons. Complete StateAdue Office Held Office Held PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Office Held 9 Complete ChiLY if direct Candidate/Office/Inder name Office Held Complete ChiLY if direct Candidate/Office/Index name (b) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Complete ChiLY if direct Candidate/Office/Index name Office sought Office Held PUEPOSE OF (a) Category Conce date at the top of t	4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEN	/IZED				
6 PAYMENT		ISSUER				· · · · ·				
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (b) Payee address; City, State, Zip Code 9 Complete ONLY if direct (c) Check if Austin, TX, officeholder name Office sought Office held 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 Complete ONLY if direct (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card issuer Paid 9 Complete ONLY if direct (a) Payee name (b) Payee address; City, State, Zip Code 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held City, State, Zip Code 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held City, State, Zip Code 9 Complete ONLY if direct Cand						REDIT				
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (b) Description (b) Description 9 Complete ONLY if direct (c) Categories listed at the top of this schedule) (b) Description 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Credit Card Issuer Paid PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Category (see previous) (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Category (see previous) (b) Payee address; City, State, Zip Code PAYEE (a) Category (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Category (see previous) (b) Date of Charge (c) Description (c) Category (c) Category (c) Category (c) Category (see previous) (b) Category (c) Catek # nu	6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer	Paid			
7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (b) Description (c) Clty, State, Zip Code 9 Complete ONLY, if direct (a) Category (b) Cleck if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder lwing expense 9 Complete ONLY, if direct Candidate/Officeholder name Office sought Office sought Office ledd 9 Complete ONLY, if direct (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (b) Date of Charge (b) Description Candidate/Officeholder name Office sought Office sought Office held Zip Code Complete ONLY if direct (a) Category (b) Date of Charge (b) Description Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Candidate/Officeholder name		Expenditure from	.,	.,						
8 PURPOSE OF EXPENDITURE (a) Category Use Categories listed at the top of this schedule) (b) Description 9 Political (c) Check if Justed Audiside of Toxas. Complete Schedule T. Check if Justed Toxas 9 Complete ONLY if direct expenditure from Corporate funds (c) Check if Justed Audiside of Toxas. Complete Schedule T. Check if Justed ToXas PATMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (see previous) (b) Description Corporate funds (c) Check if Justed Audiate/Officeholder name Office Sought Office hold PURPOSE OF EXPENDITURE (a) Category (see previous) (b) Description Corporate funds (c) Check if Justed Audiate/Officeholder name Office Sought Office hold Corporate funds PON-Political (c) Check if Justed audiate of Texas. Complete Sought Office Sought Office hold Corporate funds PAYEE (a) Amount Charged (b) Description Corporate funds (c) Check if Justed Audiate/Officeholder name Office Sought Office hold Corporate funds Caballetor, Rachel <td< th=""><th></th><th>corporate funds</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>		corporate funds								
8 PURPOSE OF EXPENDITURE (a) Category Use Categories listed at the top of this schedule) (b) Description 9 Political (c) Check if Justed Audiside of Toxas. Complete Schedule T. Check if Justed Toxas 9 Complete ONLY if direct expenditure from Corporate funds (c) Check if Justed Audiside of Toxas. Complete Schedule T. Check if Justed ToXas PATMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (see previous) (b) Description Corporate funds (c) Check if Justed Audiate/Officeholder name Office Sought Office hold PURPOSE OF EXPENDITURE (a) Category (see previous) (b) Description Corporate funds (c) Check if Justed Audiate/Officeholder name Office Sought Office hold Corporate funds PON-Political (c) Check if Justed audiate of Texas. Complete Sought Office Sought Office hold Corporate funds PAYEE (a) Amount Charged (b) Description Corporate funds (c) Check if Justed Audiate/Officeholder name Office Sought Office hold Corporate funds Caballetor, Rachel <td< th=""><th>7</th><th>PAYEE</th><th>(a) Pavee name</th><th></th><th>(b) Pavee address:</th><th></th><th>City</th><th>State</th><th>Zin Code</th></td<>	7	PAYEE	(a) Pavee name		(b) Pavee address:		City	State	Zin Code	
8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure from corporate funds (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Category (see ca			(u) r uyee name		(b) i uyee uuuress,		Oity,	Olule,		
EXPENDITURE Gee Categories listed at the top of this schedule) Dilical (c) Check if austin, TX, officeholder hims expense 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete Oblement (COH Gracia, Jennifer CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (b) Payee address; City, State, Zip Code Complete QNLY if direct (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder himg expense PAYEE (a) Category (b) Description Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Candidate/Officeholder name Office sought Office held Siss Far West Blvd Siss F			(see previous)							
EXPENDITURE Gee Categories listed at the top of this schedule) Dilical (c) Check if austin, TX, officeholder hims expense 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete Oblement (COH Gracia, Jennifer CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (b) Payee address; City, State, Zip Code Complete QNLY if direct (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder himg expense PAYEE (a) Category (b) Description Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Candidate/Officeholder name Office sought Office held Siss Far West Blvd Siss F										
EXPENDITURE (see Categories listed at the top of this schedule) Image: Dolitical intervention of the schedule interventin of the schedule interventin of the schedule in	8	PURPOSE OF	(a) Category		(b) Description					
Image: Second secon	-									
9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Gracia, Jennifer Office sought CORPUS CHRISTI CITY PAYMENT Corporate funds (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (see previous) (b) Description (b) Description (c) Description PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) (b) Description (b) Description PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) (b) Description Office held Political (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Complete ONLY if direct expenditure from corporate funds (a) Amount Charged \$32.91 (b) Date of Charge 10/10/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name 7-Eleven (b) Date of Charge 10/10/2024 (b) Payee address; City, State, Zip Code 358 Far West Blvd PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Travel Out of District (b) Payee address; City, State, Zip Code 358 Far West Blvd Citex, if Austin. TX, officehol		Political								
9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Gracia, Jennifer Office sought CORPUS CHRISTI CITY PAYMENT Corporate funds (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (see previous) (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (see previous) (b) Description (b) Description (c) Description PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) (b) Description (b) Description PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) (b) Description Office held Political (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Complete ONLY if direct expenditure from corporate funds (a) Amount Charged \$32.91 (b) Date of Charge 10/10/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name 7-Eleven (b) Date of Charge 10/10/2024 (b) Payee address; City, State, Zip Code 358 Far West Blvd PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Travel Out of District (b) Payee address; City, State, Zip Code 358 Far West Blvd Citex, if Austin. TX, officehol		Non-Political	(c) Check if travel outside	of Texas, Complete Schedule	T Check if A	ustin TX	officeholder living	expense		
expenditure to benefit C/OH Gracia, Jennifer CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (see previous) (b) Description (b) Description (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (see previous) (b) Description (b) Description (c) Candidate/Officeholder name Office sought Office held (c) Candidate/Officeholder name Office sought Office held (c) Description Travel	9									
Expenditure from corporate funds (a) Payee name (b) Payee address; City, State, Zip Code PAYEE (a) Category (see previous) (b) Description (b) Description PURPOSE OF EXPENDITURE (a) Category (b) Description (b) Description (c) Conclusion (c) Conclusion <td< th=""><th></th><th></th><th>Gracia, Jennifer</th><th></th><th colspan="6">CORPUS CHRISTI CITY</th></td<>			Gracia, Jennifer		CORPUS CHRISTI CITY					
	PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	(c) Date(s) Credit Card Issuer Paid				
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (b) Description (b) Description (c) (c) (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Verse PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PAYEE (a) Payee name (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Verse Zip Code PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7-Eleven Austin, TX 78731 Verse State, Zip Code PURPOSE OF (a) Category (b) Description Travel to benefit this slate of candidates without their knowledge or consent PURPOSE OF (a) Category (b) Description Travel to benefit this slate of candidates without their knowledge or consent PURPOSE OF <th colspan="2">Expenditure from</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Expenditure from									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Political (c)		corporate funds								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Political Non-Political (c) _ Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete QNLY if direct Complete QNLY if direct Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7-Eleven (a) Category (b) Description Travel TX 78731 Austin, TX 78731 (b) Description PURPOSE OF EXPENDITURE (a) Category (b) Cated of Texas. Complete Schedule T	PAYEE		(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description □ Political (c) □ check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PAYEE (a) Category (b) Category (b) Description Travel to benefit this slate of candidates without their knowledge or consent PURPOSE OF (a) Category (b) Category (b) Description Travel to benefit this slate of candidates without their knowledge or consent PURPOSE OF (a) Category (b) Description Travel to benefit this slate of candidates without their knowledge or consent [mon-Political (c) □ check if travel outside of Texas. Complete Schedule T										
EXPENDITURE (See Categories listed at the top of this schedule) Image: Complete content is schedule) Image: Complete content is schedule) Political (c) _ check if travel outside of Texas. Complete Schedule T. _ check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder new Office Sought Office held expenditure to benefit C/OH Caballero, Rachel CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Image: Corporate funds (a) Payee name (b) Payee address; City, State, Zip Code PAYEE (a) Category (See Categories listed at the top of this schedule) State Austin, TX 78731 Austin, TX 78731 PURPOSE OF (a) Category (b) Cescription Travel to benefit this slate of candidates without their knowledge or consent Image: Political (c) _ check if travel outside of Texas. Complete Schedule) Travel to benefit this slate of candidates without their knowledge or consent Image: Political (c) _ check if travel outside of Texas. Complete Schedule) Check if Austin, TX, officeholder living expense Image: Political (c) _ check if travel outside of Texas. Complete Schedule) Check if Austin, TX, officeholder living expense <th colspan="3">(see previous)</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	(see previous)									
EXPENDITURE (See Categories listed at the top of this schedule) Image: Complete content is schedule) Image: Complete content is schedule) Political (c) _ check if travel outside of Texas. Complete Schedule T. _ check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder new Office Sought Office held expenditure to benefit C/OH Caballero, Rachel CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Image: Corporate funds (a) Payee name (b) Payee address; City, State, Zip Code PAYEE (a) Category (See Categories listed at the top of this schedule) State Austin, TX 78731 Austin, TX 78731 PURPOSE OF (a) Category (b) Cescription Travel to benefit this slate of candidates without their knowledge or consent Image: Political (c) _ check if travel outside of Texas. Complete Schedule) Travel to benefit this slate of candidates without their knowledge or consent Image: Political (c) _ check if travel outside of Texas. Complete Schedule) Check if Austin, TX, officeholder living expense Image: Political (c) _ check if travel outside of Texas. Complete Schedule) Check if Austin, TX, officeholder living expense <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>										
□ Political			() 0)		(b) Description					
Image:	EXPENDITURE		(See Categories listed at the top	of this schedule)						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Image: Signal corporate funds \$32.91 10/10/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7-Eleven 7-Eleven Austin, TX 78731 Austin, TX 78731 Image: Signal corporate funds (b) Description PURPOSE OF (a) Category (see Categories listed at the top of this schedule) (b) Description Travel to benefit this slate of candidates without their knowledge or consent Mon-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Political									
expenditure to benefit C/OH Caballero, Rachel CORPUS CHRISTI CITY PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Image: Corporate funds (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PAYEE (a) Category (b) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (a) Category (b) Description Travel to benefit this slate of candidates without their knowledge or consent (b) Description Travel Out of District (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			e T. Check if Au	ustin, TX,	officeholder living	expense			
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Image: Corporate funds \$32.91 10/10/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7-Eleven 7-Eleven Austin, TX 78731 Austin, TX 78731 Image: Corporate funds (b) Description Travel to benefit this slate of candidates without their this value out of District Travel to benefit this slate of candidates without their this wowledge or consent Image: Non-Political (c) Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
Image: State indicate from corporate funds \$32.91 10/10/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7-Eleven 7-Eleven Austin, TX 78731 PURPOSE OF (a) Category (b) Description Travel to benefit this slate of candidates without their knowledge or consent Image: Im	expenditure to benefit C/OH Caballero, Rachel COR			CORPUS CHRISTI CITY						
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7-Eleven 3558 Far West Blvd		PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer	Paid			
PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 7-Eleven 3558 Far West Blvd 3558 Far West Blvd Austin, TX 78731 PURPOSE OF (a) Category (b) Description Travel to benefit this slate of candidates without their knowledge or consent Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			\$32.91	10/10/2024						
(b) Full of a late of a l		corporate futius								
7-Eleven Austin, TX 78731 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Travel to benefit this slate of candidates without their knowledge or consent Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Travel to benefit this slate of candidates without their knowledge or consent Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held					3558 Far West Blvd	I				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Travel to benefit this slate of candidates without their knowledge or consent Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			/-Eleven							
EXPENDITURE (See Categories listed at the top of this schedule) Travel to benefit this slate of candidates without their knowledge or consent Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	L									
Image: Non-Political Travel Out of District Image: Non-Political Complete ONLY if direct Candidate/Officeholder name Office sought				(b) Description	(b) Description					
X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			of this schedule)					neir		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	X Political				knowledge or conse	ent				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				expense					
expenditure to benefit C/OH Magnusson, Eric CORPUS CHRISTI CITY		Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	e sought Office held				
	e	expenditure to benefit C/OH	Magnusson, Eric		CORPUS CHRISTI CITY					

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense		Event Expense		Loan Repayment/R	Loan Repayment/Reimbursement Sc		Solicitation/Fundraising Expense		
	Accounting/Banking Consulting Expense		erage Expense	Office Overhead/Re Polling Expense	Tr	ansportation Equipme avel in District	ni a Relateu i	zxpense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica			Printing Expense Salaries/Wages/Co	nting Expense Travel Out of District laries/Wages/Contract Labor OTHER (enter a category not listed above)			oove)	
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 74/76 Rpt:	TCE VoteClean.org	g			00088639			
4	CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$			
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	Expenditure from corporate funds								
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		(see previous)							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descriț	otion				
	Political								
Non-Political		(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct		Candidate/Officeholder name Office		Office sought	e sought Office held				
expenditure to benefit C/OH		Klein, Jim	(CORPUS CHR	RPUS CHRISTI CITY CORPUS CHRISTI CI		ITY		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
Expenditure from									
	corporate funds								
PAYEE		(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code	
		<i>,</i>							
		(see previous)							
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) (b) Description							
Non-Political		(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct		Candidate/Officeholde		Office sought		Office held			
e	xpenditure to benefit C/OH	Araiza, Isabel	-	CORPUS CHR					
		(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
	Expenditure from corporate funds								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		(see previous)							
		(
⊢	PURPOSE OF	(a) Category		(b) Descrip	otion				
	EXPENDITURE	(See Categories listed at the top	o of this schedule)						
	Political								
	Non-Political		of Toyoo Complete Och			officebolds			
		(c) Check if travel outside Candidate/Officeholde	of Texas. Complete Schedule	e T. Office sought		officeholder living exp Office held	ense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Gracia, Jennifer		CORPUS CHR	ISTI CITV				
- e									

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	In Repayment/Reimbursement ce Overhead/Rental Expense ling Expense tring Expense Travel in District Travel Out of District				
	The Inst	how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	Ethics Commiss	sion Filers)		
Sch: 75/76 Rpt:	TCE VoteClean.org	9		00088639				
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S \$				
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule)								
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedu	le T. Check i	f Austin, TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	Office sought	Office held					
expenditure to benefit C/OH	Caballero, Rachel		CORPUS CHRISTI CIT					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C 10/21/2024	ard Issuer Paid				
Expenditure from corporate funds	\$99.05	10/14/2024	10/21/2024					
				0.1		7.0.1		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Office Depot		1737 S Staples					
Corpus Christi, TX 78404								
PURPOSE OF	(a) Category			(b) Description				
EXPENDITURE	(See Categories listed at the top	,	Supplies					
X Political	Office Overhead/Ren	tal Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedu	le T. Check i	f Austin, TX, officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder	name	Office sought	Office held				
expenditure to benefit C/OH	Morin, Alvin	I	ROBSTOWN SCHOOL	BOARD				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid				
Expenditure from corporate funds								
corporate failed								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(see previous)							
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of this schedule)							
Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder liv				f Austin, TX, officeholder living	expense			
Complete ONLY if direct								
	Candidate/Officeholder	rname	Office sought	Office held				

EXPENDITURES MADE BY CREDIT CARD	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	Event Exp Fees Food/Beve Gift/Award	erage Expense P s/Memorials Expense P	ban Repayment/Reimbursement Sc ffice Overhead/Rental Expense Tr olling Expense Tr rinting Expense Tr	licitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)
	5	ruction Guide explains ho		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 76/76 Rpt:	TCE VoteClean.org]		00088639
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code
	(see previous)			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
Political				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offi	ce sought	Office held
expenditure to benefit C/OH	VILLALOBOS, YVE	ITE RO	BSTOWN SCHOOL BOARD	