

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00088639	2 Total pages filed: 132	OFFICE USE ONLY	
3 COMMITTEE NAME TCE VoteClean.org	Date Received ELECTRONICALLY FILED 11/13/2024		
4 TREASURER NAME Leal, Jose Rodrigo (Mr.)	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	09/27/2024		10/26/2024
7 EXPLANATION OF CORRECTION			

7 EXPLANATION OF CORRECTION
Two staff salaries were over-estimated, and two invoices were inadvertently omitted. The deleted records were duplicates entered by not completely understanding the categories of funds - the entries were correct originally.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Jose Rodrigo Leal

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088639	2 Total pages filed: 132
3 COMMITTEE NAME TCE VoteClean.org		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 11/13/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 42278 Austin, TX 78704		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jose Rodrigo <hr/> NICKNAME LAST SUFFIX Leal		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4812 Eastdale Drive Austin, TX 78723		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4812 Eastdale Drive Austin, TX 78723		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 660-9499		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 09/27/2024 THROUGH 10/26/2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 143,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 206,625.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 144,286.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Jose Rodrigo Leal

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME TCE VoteClean.org		13 Filer ID (Ethics Commission Filers) 00088639
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Sylvia Campos Corpus Christi City Council District 2 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Eric Magnusson Corpus Christi City Council District 4 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jim Klein Corpus Christi City Council At-Large B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME TCE VoteClean.org		13 Filer ID (Ethics Commission Filers) 00088639
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Isabel Araiza Corpus Christi Mayor B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jennifer Gracia Corpus Christi City Council At-Large B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rachel Caballero Corpus Christi City Council At-Large B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME TCE VoteClean.org		13 Filer ID (Ethics Commission Filers) 00088639
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed Roland Barrera 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed Mark Scott 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed Larry Elizondo 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME TCE VoteClean.org		13 Filer ID (Ethics Commission Filers) 00088639
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jimmy Morales Robstown City Council, Place 3 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

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

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Yvette Villalobos Robstown City Council, Place 4
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME TCE VoteClean.org		18 Filer ID (Ethics Commission Filers) 00088639
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 138,000.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 201,788.77
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,837.19
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 10/132
2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Susan	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) N/A
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Robin	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Campaign for the Environment

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/45 Rpt: 12/132	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date 10/24/2024	5 Payee name Alvarado, Beatriz	
6 Amount (\$) \$2,056.56	7 Payee address; City; State; Zip Code 910 Ohio Avenue Apt 2 Corpus Christi, TX 78404	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
	Office held	CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/45 Rpt: 13/132	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
		Office held
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/45 Rpt: 14/132	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; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
	Office held	
Date 10/24/2024	Payee name Benavides, Cody	
Amount (\$) \$71.76	Payee address; City; State; Zip Code 7422 San Remo Ct Corpus Christi, TX 78414	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
	Office held	CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/45 Rpt: 15/132	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; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/45 Rpt: 16/132	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; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
	Office held	
Date 10/24/2024	Payee name Benavides, Cody	
Amount (\$) \$669.76	Payee address; City; State; Zip Code 7422 San Remo Ct Corpus Christi, TX 78414	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morin, Alvin	Office sought ROBSTOWN SCHOOL BOARD
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/45 Rpt: 17/132	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; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MORALES, JIMMY	Office sought ROBSTOWN SCHOOL BOARD
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name VILLALOBOS, YVETTE	Office sought ROBSTOWN SCHOOL BOARD
	Office held	
Date 10/24/2024	Payee name Burks, Isaiah	
Amount (\$) \$3,716.80	Payee address; City; State; Zip Code 7117 Wood Hollow Dr Apt 728 Austin, TX 78731	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/45 Rpt: 19/132	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; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/45 Rpt: 20/132	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date 10/24/2024	5 Payee name Carroll, Trevor	
6 Amount (\$) \$246.40	7 Payee address; City; State; Zip Code 2214 Flamenco Street Katy, TX 77493	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/45 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		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY Office held
Date 10/24/2024	Payee name Clowdus, Charlie	
Amount (\$) \$1,088.10	Payee address; City; State; Zip Code 6130 Coralridge Dr Corpus Christi, TX 78413	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/45 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		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
	Office held	
Date 10/24/2024	Payee name Cota, Ale	
Amount (\$) \$2,276.95	Payee address; City; State; Zip Code 6635 S Staples St #1214 Corpus Christi, TX 78413	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
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4 Date 10/24/2024	5 Payee name Espino, Jennifer
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6 Amount (\$) \$267.30	7 Payee address; City; State; Zip Code 1805 Amazon Drive Corpus Christi, TX 78412
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
		Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Hensiek, Autumn	
Amount (\$) \$550.16 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 325 Louisiana Ave Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
	Office held CORPUS CHRISTI CITY	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/45 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		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Hernandez, Jake	
Amount (\$) \$1,914.25 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 488 Palmetto St Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date 10/15/2024	5 Payee name Human Age Digital	
6 Amount (\$) \$42,500.00	7 Payee address; City; State; Zip Code 2700 Post Oak Blvd 21st Floor Houston, TX 77056	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising to benefit this slate of candidates without their knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
		Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/45 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		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
Date 10/15/2024	Payee name Kelly Graphics		
Amount (\$) \$101,522.16	Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746		
<input checked="" type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Card Mailing to benefit this slate of candidates without their knowledge or consent	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
Date 10/07/2024	Payee name Kelly Graphics	
Amount (\$) \$7,976.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing to benefit this slate of candidates without their knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date 10/24/2024	5 Payee name Kelly Graphics	
6 Amount (\$) \$25,426.87	7 Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought Corpus Christi City Council
		Office held Corpus Christi City Council
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought Corpus Christi City Council
		Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought Corpus Christi City Council
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/45 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		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Schneider, Robin	
Amount (\$) \$1,396.79 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2609 Sherwood Lane Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date 10/17/2024	5 Payee name Steve Garza General Maintenance	
6 Amount (\$) \$611.33	7 Payee address; City; State; Zip Code 2606 Montgomery St Corpus Christi, TX 78405	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Setting out yard signs to benefit this slate of candidates without their knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
		Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/45 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		
<input type="checkbox"/> Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
Date 10/24/2024	Payee name Thomas, Leewana		
Amount (\$) \$1,003.92	Payee address; City; State; Zip Code 4527 Osage Ave Philadelphia, PA 19143		
<input checked="" type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
	Office held	CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Toren, Cuauhtemoc	
Amount (\$) \$1,626.24 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7103 Circle S Rd Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/45 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	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date 10/24/2024	5 Payee name Toren, Cuauhtemoc	
6 Amount (\$) \$344.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7103 Circle S Rd Austin, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Torres, Chloe	Office sought Office held
Date 10/24/2024	Payee name Torres, Chloe	
Amount (\$) \$1,780.87 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3302 Casa Bonita Dr Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought Office held CORPUS CHRISTI CITY CORPUS CHRISTI CITY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 45/45 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
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4 Date	5 Payee name (see previous)
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political 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 F4: Sch: 1/76 Rpt: 57/132	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution RAMP/VISA		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$195.50	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Office Depot	(b) Payee address; City, State, Zip Code 1737 S Staples Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing to benefit this slate of candidates without their knowledge or consent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$27.01	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Office Depot	(b) Payee address; City, State, Zip Code 1737 S Staples Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies to benefit this slate of candidates without their knowledge or consent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Eli, McKay	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/76 Rpt: 58/132	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held CORPUS CHRISTI CITY	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
	Office held CORPUS CHRISTI CITY	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held CORPUS CHRISTI MAYOR	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/76 Rpt: 59/132	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morin, Alvin	Office sought ROBSTOWN SCHOOL BOARD

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/76 Rpt: 60/132	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MORALES, JIMMY	Office sought ROBSTOWN SCHOOL BOARD
		Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name VILLALOBOS, YVETTE	Office sought ROBSTOWN SCHOOL BOARD
		Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$40.95	(b) Date of Charge 10/21/2024
PAYEE	(a) Payee name Stripes 9394	(c) Date(s) Credit Card Issuer Paid
		(b) Payee address; City, State, Zip Code 2686 S. Main Ingleside, TX 78362
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Travel to benefit this slate of candidates without their knowledge or consent
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/76 Rpt: 61/132		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/76 Rpt: 62/132	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$556.91	(b) Date of Charge 10/17/2024
7 PAYEE	(a) Payee name United Airlines	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/76 Rpt: 63/132	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$40.26	(b) Date of Charge 10/21/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Flora Restaurant	(b) Payee address; City, State, Zip Code 3 Brewster Rd Newark, NJ 07114	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food/Bev purchased to benefit this slate of candidates without their knowledge or consent	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/76 Rpt: 64/132	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$20.83	(b) Date of Charge 10/21/2024
7 PAYEE	(a) Payee name Spot Hero	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Parking purchased to benefit this slate of candidates without their knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/76 Rpt: 65/132		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$31.23	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Taco Deli	(b) Payee address; City, State, Zip Code 301 Congress Ave Ausstin, TX 78701	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Bev to benefit this slate of candidates without their knowledge or consent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$26.95	(b) Date of Charge 10/22/2024
7 PAYEE	(a) Payee name Uber	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Travel to benefit this slate of candidates without their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 12/76 Rpt:	2	FILER NAME TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4	CREDIT CARD ISSUER	Name of financial institution		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held	
PAYMENT	<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$26.47	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Chevron		(b) Payee address; City, State, Zip Code 5002 Eisenhower Rd San Antonio, TX 78218	
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Travel to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 13/76 Rpt:	2	FILER NAME TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4	CREDIT CARD ISSUER	Name of financial institution		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held
6	PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
6	PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$11.04	(b) Date of Charge 10/16/2024
7 PAYEE	(a) Payee name Home Depot 6584	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies to benefit this slate of candidates without their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> 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 *MosaicProjec		(b) Payee address; City, State, Zip Code 2211 N First St San Jose, CA 95131
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Prof services to benefit this slate of candidates without their knowledge or consent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$250.00	(b) Date of Charge 10/02/2024
7 PAYEE	(a) Payee name It's a Grind Coffee House	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description F/B to benefit this slate of candidates without their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
	Office held CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 17/76 Rpt:	2	FILER NAME TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4	CREDIT CARD ISSUER	Name of financial institution		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held
6	PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
6	PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 18/76 Rpt:	2	FILER NAME TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$191.96	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Gen Merc to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$51.79	(b) Date of Charge 10/04/2024
7 PAYEE	(a) Payee name HEB 057	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$33.23	(b) Date of Charge 10/05/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Gen Merc to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Klein, Jim		Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$7.01	(b) Date of Charge 10/05/2024
7 PAYEE	(a) Payee name Sunoco	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Travel to benefit this slate of candidates without their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$33.79	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name 7-Eleven	(b) Payee address; City, State, Zip Code 3558 Far West Blvd Austin, TX 78731	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 25/76 Rpt:	2	FILER NAME TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4	CREDIT CARD ISSUER	Name of financial institution RAMP/VISA		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$445.46	(b) Date of Charge 09/28/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Air BnB		(b) Payee address; City, State, Zip Code 888 Brannan St. San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Travel to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY	Office held	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 26/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$29.64	(b) Date of Charge 09/28/2024
7 PAYEE	(a) Payee name Circle K	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 28/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$71.01	(b) Date of Charge 10/02/2024
7 PAYEE	(a) Payee name Air BnB	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Travel to benefit this slate of candidates without their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 29/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 30/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution RAMP/VISA		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$63.90	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Stripes		(b) Payee address; City, State, Zip Code 1303 3rd St. Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Travel to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name McKay, Eli		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Klein, Jim		Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 31/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$35.20	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name 7-Eleven		(b) Payee address; City, State, Zip Code 3558 Far West Blvd Austin, TX 78731	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Campos, Sylvia		Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 32/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 33/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$40.10	(b) Date of Charge 10/07/2024
7 PAYEE	(a) Payee name Buc-EE's	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 34/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 35/76 Rpt:	2	FILER NAME TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4	CREDIT CARD ISSUER	Name of financial institution RAMP/VISA		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$32.91	(b) Date of Charge 10/10/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name 7-Eleven		(b) Payee address; City, State, Zip Code 3558 Far West Blvd Austin, TX 78731	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Klein, Jim		Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 36/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$195.50	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 1737 S Staples Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Morin, Alvin		Office sought ROBSTOWN SCHOOL BOARD	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 37/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MORALES, JIMMY	Office sought ROBSTOWN SCHOOL BOARD
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name VILLALOBOS, YVETTE	Office sought ROBSTOWN SCHOOL BOARD
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$27.01	(b) Date of Charge 10/22/2024
7 PAYEE	(a) Payee name Office Depot	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies to benefit this slate of candidates without their knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Eli, McKay	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 38/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 39/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 40/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morin, Alvin	Office sought ROBSTOWN SCHOOL BOARD
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MORALES, JIMMY	Office sought ROBSTOWN SCHOOL BOARD
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name VILLALOBOS, YVETTE	Office sought ROBSTOWN SCHOOL BOARD

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 41/76 Rpt:	2	FILER NAME TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4	CREDIT CARD ISSUER	Name of financial institution RAMP/VISA		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$40.95	(b) Date of Charge 10/21/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Stripes 9394		(b) Payee address; City, State, Zip Code 2686 S. Main Ingleside, TX 78362	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Travel to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 42/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$556.91	(b) Date of Charge 10/17/2024
7 PAYEE	(a) Payee name United Airlines	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 43/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$40.26	(b) Date of Charge 10/21/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Flora Restaurant		(b) Payee address; City, State, Zip Code 3 Brewster Rd Newark, NJ 07114
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Bev purchased to benefit this slate of candidates without their knowledge or consent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 44/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 45/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution RAMP/VISA	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$20.83	(b) Date of Charge 10/21/2024
7 PAYEE	(a) Payee name Spot Hero	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Parking purchased to benefit this slate of candidates without their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 46/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held	
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$31.23	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name Taco Deli		(b) Payee address; City, State, Zip Code 301 Congress Ave Ausstin, TX 78701	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Bev to benefit this slate of candidates without their knowledge or consent	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY	
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 47/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$26.95	(b) Date of Charge 10/22/2024
7 PAYEE	(a) Payee name Uber	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Travel to benefit this slate of candidates without their knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 48/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 49/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution RAMP/VISA	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$26.47	(b) Date of Charge 10/22/2024
7 PAYEE	(a) Payee name Chevron	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Travel to benefit this slate of candidates without their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 50/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$11.04	(b) Date of Charge 10/16/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Home Depot 6584		(b) Payee address; City, State, Zip Code 4038 S Port Ave Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Klein, Jim		Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 51/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$50.00	(b) Date of Charge 09/27/2024
7 PAYEE	(a) Payee name Paypal *MosaicProjec	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Prof services to benefit this slate of candidates without their knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 52/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 53/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution RAMP/VISA	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$250.00	(b) Date of Charge 10/02/2024
7 PAYEE	(a) Payee name It's a Grind Coffee House	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description F/B to benefit this slate of candidates without their knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 54/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$191.96	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Gen Merc to benefit this slate of candidates without their knowledge or consent	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 55/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> 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) Payee address; City, State, Zip Code 1145 Waldron Rd Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Klein, Jim		Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 56/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 57/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution RAMP/VISA		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$33.23	(b) Date of Charge 10/05/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Gen Merc to benefit this slate of candidates without their knowledge or consent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 58/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$7.01	(b) Date of Charge 10/05/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Sunoco		(b) Payee address; City, State, Zip Code 301 IH 37 Access Rd Corpus Christi, TX 78401
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Travel to benefit this slate of candidates without their knowledge or consent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 59/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$99.05	(b) Date of Charge 10/14/2024
7 PAYEE	(a) Payee name Office Depot	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies to benefit this slate of candidates without their knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morin, Alvin	Office sought ROBSTOWN SCHOOL BOARD

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 60/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MORALES, JIMMY	Office sought ROBSTOWN SCHOOL BOARD
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name VILLALOBOS, YVETTE	Office sought ROBSTOWN SCHOOL BOARD
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$33.79	(b) Date of Charge 09/27/2024
7 PAYEE	(a) Payee name 7-Eleven	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 61/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 62/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$12.79	(b) Date of Charge 09/28/2024
PAYEE	(a) Payee name Calendly	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Overhead to benefit this slate of candidates without their knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 63/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$445.46	(b) Date of Charge 09/28/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Air BnB		(b) Payee address; City, State, Zip Code 888 Brannan St. San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Travel to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name McKay, Eli		Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 64/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 65/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$29.64	(b) Date of Charge 09/28/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Circle K		(b) Payee address; City, State, Zip Code 3558 Far West Blvd Austin, TX 78731
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 66/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Caballero, Rachel		Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 67/76 Rpt:	2	FILER NAME TCE VoteClean.org	3	Filer ID (Ethics Commission Filers) 00088639
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$71.01	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Air BnB		(b) Payee address; City, State, Zip Code 888 Brannan St. San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Travel to benefit this slate of candidates without their knowledge or consent	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY	Office held	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY	
PAYMENT	<input type="checkbox"/> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR	Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 68/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$63.90	(b) Date of Charge 10/03/2024
7 PAYEE	(a) Payee name Stripes	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Travel to benefit this slate of candidates without their knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name McKay, Eli	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 69/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 70/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$35.20	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name 7-Eleven	(b) Payee address; City, State, Zip Code 3558 Far West Blvd Austin, TX 78731	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 71/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 72/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$40.10	(b) Date of Charge 10/07/2024
7 PAYEE	(a) Payee name Buc-EE's	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 73/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Jennifer	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY	Office held
PAYMENT <input checked="" type="checkbox"/> 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) Payee address; City, State, Zip Code 3558 Far West Blvd Austin, TX 78731
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 74/76 Rpt:		2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Klein, Jim		Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Araiza, Isabel		Office sought CORPUS CHRISTI MAYOR	Office held
PAYMENT <input type="checkbox"/> 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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Gracia, Jennifer		Office sought CORPUS CHRISTI CITY	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 75/76 Rpt:	2 FILER NAME TCE VoteClean.org	3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$99.05	(b) Date of Charge 10/14/2024
7 PAYEE	(a) Payee name Office Depot	(c) Date(s) Credit Card Issuer Paid 10/21/2024
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morin, Alvin	Office sought ROBSTOWN SCHOOL BOARD
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
7 PAYEE	(a) Payee name (see previous)	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MORALES, JIMMY	Office sought ROBSTOWN SCHOOL BOARD

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 76/76 Rpt:	2 FILER NAME TCE VoteClean.org		3 Filer ID (Ethics Commission Filers) 00088639
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> 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) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name VILLALOBOS, YVETTE	Office sought ROBSTOWN SCHOOL BOARD	Office held