

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086753	2 Total pages filed: 50	
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 10/28/2024 <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged
	Mr.	Victor L.		
NICKNAME		LAST	SUFFIX	
		Cornell		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	P.O. Box 42278 Austin, TX 78704			
<input type="checkbox"/> Change of Address				
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(512) 326-5655 x1004				
6 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election	
			<input type="checkbox"/> Runoff	
7 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
09/27/2024			10/26/2024	
8 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11/05/2024				
9 FILER 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 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.)			

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**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 2**

10 FILER NAME Cornell, Victor L. (Mr.)		11 Filer ID (Ethics Commission Filers) 00086753
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 47,222.39

13 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. Victor L. Cornell

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

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

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Cornell, Victor L. (Mr.)		11 Filer ID (Ethics Commission Filers) 00086753
12 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
	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)	Sylvia Campos Corpus Christi City Council, District 2
12 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
	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)	Jim Klein Corpus Christi City Council, At-Large
12 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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Cornell, Victor L. (Mr.)		11 Filer ID (Ethics Commission Filers) 00086753
12 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)	
12 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 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)	
12 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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Cornell, Victor L. (Mr.)		11 Filer ID (Ethics Commission Filers) 00086753
12 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)	
12 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)	
12 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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Cornell, Victor L. (Mr.)	11 Filer ID (Ethics Commission Filers) 00086753
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12 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)	

12 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 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)	

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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14 FILER NAME Cornell, Victor L. (Mr.)		15 Filer ID (Ethics Commission Filers) 00086753
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 47,222.39
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 1/43 Rpt: 8/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Bell, Jefferson	
6 Amount (\$) \$452.90	7 Payee address; City; State; Zip Code 4101 Brett St RO 5 Corpus Christi, TX 78411	
<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. 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 CORPUS CHRISTI CITY	
Date 10/24/2024	Payee name Bell, Jefferson	
Amount (\$) \$355.32	Payee address; City; State; Zip Code 4101 Brett St RO 5 Corpus Christi, TX 78411	
<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. Salary to support the campaigns without the candidates 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	
Date 10/24/2024	Payee name Bell, Jefferson	
Amount (\$) \$859.95	Payee address; City; State; Zip Code 4101 Brett St RO 5 Corpus Christi, TX 78411	
<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. Salary to support the campaigns without the candidates knowledge or consent
	Complete ONLY if direct expenditure to benefit C/OH	
	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held CORPUS CHRISTI CITY	

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 2/43 Rpt: 9/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Bell, Jefferson	
6 Amount (\$) \$1,826.67	7 Payee address; City; State; Zip Code 4101 Brett St RO 5 Corpus Christi, TX 78411	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY 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.
Complete ONLY 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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES

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: 3/43 Rpt: 10/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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 Bergeman, Jerseys	
Amount (\$) \$570.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6925 S Padre Island Dr Apt 147 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. 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 10/24/2024	Payee name Bergeman, Jerseys	
Amount (\$) \$180.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6925 S Padre Island Dr Apt 147 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. Salary to support the campaigns without the candidates 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

POLITICAL EXPENDITURES

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 -	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/43 Rpt: 11/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Bergeman, Jerseys	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 6925 S Padre Island Dr Apt 147 Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	
Date 10/24/2024	Payee name Bergeman, Jerseys	
Amount (\$) \$1,320.00	Payee address; City; State; Zip Code 6925 S Padre Island Dr Apt 147 Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates 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
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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held	

POLITICAL EXPENDITURES

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: 5/43 Rpt: 12/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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.
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 Bergemann, Dakotas	
Amount (\$) \$814.32 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6925 S Padre Island Dr Apt 147 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. 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

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: 6/43 Rpt: 13/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Bergemann, Dakotas	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 6925 S Padre Island Dr Apt 147 Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 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 10/24/2024	Payee name Bergemann, Dakotas	
Amount (\$) \$900.00	Payee address; City; State; Zip Code 6925 S Padre Island Dr Apt 147 Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date 10/24/2024	Payee name Bergemann, Dakotas	
Amount (\$) \$2,963.74	Payee address; City; State; Zip Code 6925 S Padre Island Dr Apt 147 Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates 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

POLITICAL EXPENDITURES

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: 7/43 Rpt: 14/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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 (\$) <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.
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 (\$) <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.
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

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: 8/43 Rpt: 15/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Breeland, Amanda	
6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11930 Leopard St 132 Corpus Christi, TX 78410	
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. Salary to support the campaigns without the candidates knowledge or consent
9 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 10/24/2024	Payee name Breeland, Amanda	
Amount (\$) \$150.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11930 Leopard St 132 Corpus Christi, TX 78410	
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. Salary to support the campaigns without the candidates 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
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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
		Office held

POLITICAL EXPENDITURES

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: 9/43 Rpt: 16/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
9 Complete ONLY 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.
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 Cantu, Gavin	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 3502 Lynnwood Corpus Christi, TX 78415	
<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. 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	

POLITICAL EXPENDITURES

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: 10/43 Rpt: 17/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Cantu, Gavin	
6 Amount (\$) \$320.00	7 Payee address; City; State; Zip Code 3502 Lynnwood Corpus Christi, TX 78415	
<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. 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 Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Cantu, Gavin	
Amount (\$) \$270.00	Payee address; City; State; Zip Code 3502 Lynnwood Corpus Christi, TX 78415	
<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. 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 Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date 10/24/2024	Payee name Cantu, Gavin	
Amount (\$) \$830.00	Payee address; City; State; Zip Code 3502 Lynnwood Corpus Christi, TX 78415	
<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. 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 Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 11/43 Rpt: 18/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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.
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.
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

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: 12/43 Rpt: 19/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Causey, Jalen	
6 Amount (\$) \$900.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1701 Ennis Joslin Rd Apt 921 Corpus Christi, TX 78412	
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. 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 10/24/2024	Payee name Causey, Jalen	
Amount (\$) \$510.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1701 Ennis Joslin Rd Apt 921 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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Sylvia	Office sought CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Causey, Jalen	
Amount (\$) \$810.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1701 Ennis Joslin Rd Apt 921 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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 13/43 Rpt: 20/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Causey, Jalen	
6 Amount (\$) \$2,640.00	7 Payee address; City; State; Zip Code 1701 Ennis Joslin Rd Apt 921 Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY 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.
Complete ONLY 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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES

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 -	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/43 Rpt: 21/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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 Cheney, Braeden	
Amount (\$) \$640.92	Payee address; City; State; Zip Code 8033 S Padre Island Dr, Apt 320 Apt 320 Corpus Christi, TX 78412	
<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. 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 10/24/2024	Payee name Cheney, Braeden	
Amount (\$) \$378.00	Payee address; City; State; Zip Code 8033 S Padre Island Dr, Apt 320 Apt 320 Corpus Christi, TX 78412	
<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. 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 Campos, Sylvia	Office sought CORPUS CHRISTI CITY
	Office held CORPUS CHRISTI CITY	

POLITICAL EXPENDITURES

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 -	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/43 Rpt: 22/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Cheney, Braeden	
6 Amount (\$) \$520.75	7 Payee address; City; State; Zip Code 8033 S Padre Island Dr, Apt 320 Apt 320 Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	
Date 10/24/2024	Payee name Cheney, Braeden	
Amount (\$) \$2,011.89	Payee address; City; State; Zip Code 8033 S Padre Island Dr, Apt 320 Apt 320 Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates 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
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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held	

POLITICAL EXPENDITURES

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: 16/43 Rpt: 23/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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.
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, Kayley	
Amount (\$) \$345.42	Payee address; City; State; Zip Code 6130 Coralridge Dr	
<input checked="" type="checkbox"/> Expenditure from corporate funds	Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. 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

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: 17/43 Rpt: 24/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Clowdus, Kayley	
6 Amount (\$) \$240.00	7 Payee address; City; State; Zip Code 6130 Coralridge Dr Corpus Christi, TX 78413	
<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. 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 Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Clowdus, Kayley	
Amount (\$) \$390.00	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. Salary to support the campaigns without the candidates knowledge or consent
	Complete ONLY if direct expenditure to benefit C/OH	
	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date 10/24/2024	Payee name Clowdus, Kayley	
Amount (\$) \$1,237.53	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. Salary to support the campaigns without the candidates 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

POLITICAL EXPENDITURES

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: 18/43 Rpt: 25/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
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.
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.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

POLITICAL EXPENDITURES

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 -	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/43 Rpt: 26/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Cunningham, Deonte	
6 Amount (\$) \$762.93	7 Payee address; City; State; Zip Code 6334 South Padre Island Dr, Apt G Apt G Corpus Christi, TX 78412	
<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. 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
	Office held	
Date 10/24/2024	Payee name Cunningham, Deonte	
Amount (\$) \$284.13	Payee address; City; State; Zip Code 6334 South Padre Island Dr, Apt G Apt G Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates 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
Date 10/24/2024	Payee name Cunningham, Deonte	
Amount (\$) \$450.03	Payee address; City; State; Zip Code 6334 South Padre Island Dr, Apt G Apt G Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES

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: 20/43 Rpt: 27/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Cunningham, Deonte	
6 Amount (\$) \$1,602.09	7 Payee address; City; State; Zip Code 6334 South Padre Island Dr, Apt G Apt G Corpus Christi, TX 78412	
<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. 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 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.
	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.
	9 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

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: 21/43 Rpt: 28/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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 De Santiago-Young, Dena	
Amount (\$) \$423.29	Payee address; City; State; Zip Code PO Box 81258 Corpus Christi, TX 78468	
<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. 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 10/24/2024	Payee name De Santiago-Young, Dena	
Amount (\$) \$258.93	Payee address; City; State; Zip Code PO Box 81258 Corpus Christi, TX 78468	
<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. Salary to support the campaigns without the candidates 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

POLITICAL EXPENDITURES

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: 22/43 Rpt: 29/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name De Santiago-Young, Dena	
6 Amount (\$) \$353.85	7 Payee address; City; State; Zip Code PO Box 81258 Corpus Christi, TX 78468	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	
Date 10/24/2024	Payee name De Santiago-Young, Dena	
Amount (\$) \$1,631.85	Payee address; City; State; Zip Code PO Box 81258 Corpus Christi, TX 78468	
<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. Salary to support the campaigns without the candidates 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
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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
	Office held	

POLITICAL EXPENDITURES

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: 23/43 Rpt: 30/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
9 Complete ONLY 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.
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 Evans, Jazmeyne	
Amount (\$) \$270.00	Payee address; City; State; Zip Code 3310 Rodd Field Rd, Apt 4305 Apt 4305 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. 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	

POLITICAL EXPENDITURES

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: 24/43 Rpt: 31/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Evans, Jazmeyne	
6 Amount (\$) \$810.00	7 Payee address; City; State; Zip Code 3310 Rodd Field Rd, Apt 4305 Apt 4305 Corpus Christi, TX 78414	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY 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.
Complete ONLY 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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES

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: 25/43 Rpt: 32/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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 Garcia, Tena	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 2317 Light Wind Dr	
<input checked="" type="checkbox"/> Expenditure from corporate funds	Corpus Christi, TX 78414	
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. 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 10/24/2024	Payee name Garcia, Tena	
Amount (\$) \$330.60	Payee address; City; State; Zip Code 2317 Light Wind Dr	
<input checked="" type="checkbox"/> Expenditure from corporate funds	Corpus Christi, TX 78414	
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. 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 Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES

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: 26/43 Rpt: 33/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Garcia, Tena	
6 Amount (\$) \$370.60	7 Payee address; City; State; Zip Code 2317 Light Wind Dr Corpus Christi, TX 78414	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY 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.
Complete ONLY 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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES

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: 27/43 Rpt: 34/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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 Gonzales, Jose	
Amount (\$) \$8.50	Payee address; City; State; Zip Code 1701 Ennis Joslin Rd, Apt. 921 Apt 921 Corpus Christi, TX 78412	
<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. 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 10/24/2024	Payee name Gonzales, Jose	
Amount (\$) \$168.00	Payee address; City; State; Zip Code 1701 Ennis Joslin Rd, Apt. 921 Apt 921 Corpus Christi, TX 78412	
<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. 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 Campos, Sylvia	Office sought CORPUS CHRISTI CITY
	Office held CORPUS CHRISTI CITY	

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 28/43 Rpt: 35/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Gonzales, Jose	
6 Amount (\$) \$176.50 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1701 Ennis Joslin Rd, Apt. 921 Apt 921 Corpus Christi, TX 78412	
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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Gonzales, Jose	
Amount (\$) \$346.50 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1701 Ennis Joslin Rd, Apt. 921 Apt 921 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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY 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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR

POLITICAL EXPENDITURES

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: 29/43 Rpt: 36/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
9 Complete ONLY 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.
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 Gutierrez, Annette	
Amount (\$) \$489.06	Payee address; City; State; Zip Code 4409 Castenon St Corpus Christi, TX 78416	
<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. 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	

POLITICAL EXPENDITURES

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: 30/43 Rpt: 37/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Gutierrez, Annette	
6 Amount (\$) \$258.06	7 Payee address; City; State; Zip Code 4409 Castenon St Corpus Christi, TX 78416	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 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 10/24/2024	Payee name Gutierrez, Annette	
Amount (\$) \$203.50	Payee address; City; State; Zip Code 4409 Castenon St Corpus Christi, TX 78416	
<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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date 10/24/2024	Payee name Gutierrez, Annette	
Amount (\$) \$1,483.69	Payee address; City; State; Zip Code 4409 Castenon St Corpus Christi, TX 78416	
<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. Salary to support the campaigns without the candidates 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

POLITICAL EXPENDITURES

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: 31/43 Rpt: 38/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Araiza, Isabel	Office sought CORPUS CHRISTI MAYOR
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.
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.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 32/43 Rpt: 39/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Gutierrez, Nicole	
6 Amount (\$) \$42.00	7 Payee address; City; State; Zip Code 4217 Harry St Corpus Christi, TX 78412	
<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. 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
	Office held	
Date 10/24/2024	Payee name Gutierrez, Nicole	
Amount (\$) \$42.00	Payee address; City; State; Zip Code 4217 Harry St Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates 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
Date 10/24/2024	Payee name Gutierrez, Nicole	
Amount (\$) \$42.00	Payee address; City; State; Zip Code 4217 Harry St Corpus Christi, TX 78412	
<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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES

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: 33/43 Rpt: 40/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Gutierrez, Nicole	
6 Amount (\$) \$793.95	7 Payee address; City; State; Zip Code 4217 Harry St Corpus Christi, TX 78412	
<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. 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 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.
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.
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

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: 34/43 Rpt: 41/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
Date 10/24/2024	Payee name Newman, Abigail	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 8033 S Padre Island Dr, Apt 320 Apt 320 Corpus Christi, TX 78412	
<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. 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
Date 10/24/2024	Payee name Newman, Abigail	
Amount (\$) \$180.00	Payee address; City; State; Zip Code 8033 S Padre Island Dr, Apt 320 Apt 320 Corpus Christi, TX 78412	
<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. 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 Campos, Sylvia	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 35/43 Rpt: 42/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Newman, Abigail	
6 Amount (\$) \$180.00	7 Payee address; City; State; Zip Code 8033 S Padre Island Dr, Apt 320 Apt 320 Corpus Christi, TX 78412	
<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. 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 Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	
Date 10/24/2024	Payee name Newman, Abigail	
Amount (\$) \$900.00	Payee address; City; State; Zip Code 8033 S Padre Island Dr, Apt 320 Apt 320 Corpus Christi, TX 78412	
<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. 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 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.
	9 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

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: 36/43 Rpt: 43/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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.
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 Richardson, Zion	
Amount (\$) \$310.00	Payee address; City; State; Zip Code 3118 Quebec Dr 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. 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

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 -	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/43 Rpt: 44/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Richardson, Zion	
6 Amount (\$) \$531.36	7 Payee address; City; State; Zip Code 3118 Quebec Dr Corpus Christi, TX 78414	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 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 10/24/2024	Payee name Richardson, Zion	
Amount (\$) \$411.60	Payee address; City; State; Zip Code 3118 Quebec Dr 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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date 10/24/2024	Payee name Richardson, Zion	
Amount (\$) \$1,252.98	Payee address; City; State; Zip Code 3118 Quebec Dr 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. Salary to support the campaigns without the candidates 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

POLITICAL EXPENDITURES

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: 38/43 Rpt: 45/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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.
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.
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

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: 39/43 Rpt: 46/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Ruel, Leslie	
6 Amount (\$) \$351.56	7 Payee address; City; State; Zip Code 5442 Bonham St Corpus Christi, TX 78415	
<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. Salary to support the campaigns without the candidates knowledge or consent
	9 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 10/24/2024	Payee name Ruel, Leslie	
Amount (\$) \$586.74	Payee address; City; State; Zip Code 5442 Bonham St Corpus Christi, TX 78415	
<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. Salary to support the campaigns without the candidates knowledge or consent
	9 Complete ONLY if direct expenditure to benefit C/OH	
	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
		Office held
Date 10/24/2024	Payee name Ruel, Leslie	
Amount (\$) \$938.30	Payee address; City; State; Zip Code 5442 Bonham St Corpus Christi, TX 78415	
<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. Salary to support the campaigns without the candidates knowledge or consent
	9 Complete ONLY if direct expenditure to benefit C/OH	
	Candidate/Officeholder name Klein, Jim	Office sought CORPUS CHRISTI CITY
		Office held CORPUS CHRISTI CITY

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 40/43 Rpt: 47/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
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.
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.
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

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: 41/43 Rpt: 48/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Trjo Chavez, Aline	
6 Amount (\$) \$1,128.12	7 Payee address; City; State; Zip Code 1035 Wilshire Pl Corpus Christi, TX 78411	
<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. 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
	Office held	
Date 10/24/2024	Payee name Trjo Chavez, Aline	
Amount (\$) \$1,145.93	Payee address; City; State; Zip Code 1035 Wilshire Pl Corpus Christi, TX 78411	
<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. Salary to support the campaigns without the candidates 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
Date 10/24/2024	Payee name Trjo Chavez, Aline	
Amount (\$) \$681.14	Payee address; City; State; Zip Code 1035 Wilshire Pl Corpus Christi, TX 78411	
<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. Salary to support the campaigns without the candidates knowledge or consent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Magnusson, Eric	Office sought CORPUS CHRISTI CITY
	Office held	

POLITICAL EXPENDITURES

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: 42/43 Rpt: 49/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date 10/24/2024	5 Payee name Trjo Chavez, Aline	
6 Amount (\$) \$2,955.19	7 Payee address; City; State; Zip Code 1035 Wilshire Pl Corpus Christi, TX 78411	
<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. Salary to support the campaigns without the candidates knowledge or consent
9 Complete ONLY 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.
Complete ONLY 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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Graia, Jennifer	Office sought CORPUS CHRISTI CITY
		Office held

POLITICAL EXPENDITURES

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 -	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/43 Rpt: 50/50	2 FILER NAME Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
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.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Caballero, Rachel	Office sought CORPUS CHRISTI CITY
		Office held