FORM DCE COVER SHEET PG 1

	uide explains how to comp	lete this form.	1 Filer ID (Ethics Commission 00086753	ı Filers)	2 Total pages file	
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
	Mr.	Victor L.			Date Received	
	NICKNAME	LAST		SUFFIX	ELECTRONICA	ALLY FILED
		Cornell			10/28/2024	
4 FILER ADDRESS	ADDRESS / PO BOX; AF	T / SUITE #; CIT	ΓY; STATE;	ZIP CODE	1	
	P.O. Box 42278				Date Hand-delivered or	Date Postmarked
Change of Address						
	Austin, TX 78704				Receipt #	Amount
5 FILER PHONE	AREA CODE PHO	NE NUMBER	EXTENSION			
	(512) 326-5655 x1004				Date Processed	
6 REPORT TYPE	January 15	30	Oth day before election		Date Imaged	
			h day before election			
	July 15		,			
		R	unoff			
7 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TH	HROUGH	10/26/202	4	
8 ELECTION	ELECTION DATE		_	ELECTION T	YPE	
	Month Day Year	「	Primary	Runoff	Other	
	11/05/2024	X	General	Special		
9 FILER ACTIVITY	1. Candidates	A. Supported E	li McKay Corpus	Christi City Counc	cil, District 1	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on		B. Opposed				
plain paper to		B. Opposed				
complete this report if						
necessary.)	2. Measures	A. Supported				
	(Describe by date and location of election and					
	nature of issue.)					
		B. Opposed				
	3. Officeholders					
	Assisted					
	(Identify by name or, if applicable, classify by party.)					
	applicable, classify by party.)					
		GO T	TO PAGE 2			
GO TO PAGE 2						

FORM DCE COVER SHEET PG 2

10 FILER NAME			11 Filer ID 00086753	(Ethics Commission Filers)
Cornell, Victor L. (Mr.)				
12 EXPENDITURE TOTALS	1. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES	\$	0.00
	2. TOTAL POLIT	ICAL EXPENDITURES	\$	47,222.39
13 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	ccompanying report is to be reported by me
			. Victor L. Cornell	
			Signature of Filer or	
		Signature of individual		n behalf of entity
		(onl	y if Filer is an entity)	
		idrtify which, witness my hand and seal of office.	, this the	day
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

FORM DCE ADDENDUM

Page 3 of 50

10 FILER NAME			11 Filer ID (Ethics Commission Filers)
Cornell, Victor L. (Mr.)			00086753
	T ".	T	00080733
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (describe by date and location of election and nature of issue)	A. Supported	
		B. Opposed	
	Officeholders Assisted (identify by name or, if applicable, classify by party)		Sylvia Campos Corpus Christi City Council, District 2
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	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	Candidates (identify by name or, if applicable, classify by party)		Eric Magnusson Corpus Christi City Council District 4
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	Measures (describe by date and location of election and nature of issue)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted		
	(identify by name or, if applicable, classify by party)		
	Expression and Sur by purity)	l	

FORM DCE ADDENDUM

Page 4 of 50

10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Cornell, Victor L. (Mr.)				00086753	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Isabel Araiza Corpus Christi Ma	ayor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Jennifer Gracia Corpus Christi	City Council At-L	arge
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported	Rachel Caballero Corpus Chris	ti City Council At	t-Large
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				

FORM DCE ADDENDUM

Page 5 of 50

10 FILED NAME				11 Filer ID (Ethics Commission Filers)
10 FILER NAME				,
Cornell, Victor L. (Mr.)				00086753
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Roland Barrera Corpus Christ	i City Council At-Large
	2. Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed		
	Officeholders Assisted (identify by name or, if applicable, classify by party)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	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	Candidates (identify by name or, if applicable, classify by party)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	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)			

FORM DCE ADDENDUM

Page 6 of 50

						1 age 6 6, 66
10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Cornell, Victor L. (Mr.)					00086753	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Carolyn Vau	ghn Corpus Chri	sti City Council A	t-Large
	Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Ben Molina	Corpus Christi Ci	ity Council District	t 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			
							C	OVER	SHEET PG 3 7 of 50
	ER NAM	ME fictor L. (Mr.)					15 Filer ID 00086753	(Ethics C	ommission Filers)
		E SUBTOTALS SCHEDULE						SUE	STOTAL AMOUNT
1.	X	SCHEDULE F1:	POLITICAL EXP	ENDITURES				\$	47,222.39
2.		SCHEDULE F2:	UNPAID INCUR	RED OBLIGAT	TIONS			\$	
3.		SCHEDULE F4:	EXPENDITURES	S MADE BY CF	REDIT CARD			\$	
								<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment			iges/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 1/43 Rpt: 8/50	Cornell, Victor L. (Mr.)			00086753	,
4 Date	5 Payee name				
10/24/2024	Bell, Jefferson				
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Cod	е		
\$452.90	4101 Brett St				
	RO 5				
X Expenditure from corporate funds	Corpus Christi, TX 78411				
8 PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	b) Description		
OF	Salaries/Wages/Contract Labor	Scricuale)		outside of Texas. Com	plete Schedule T.
EXPENDITURE			_		
					igns without the
			candidates kii	nowledge or co	nsent
9 Complete ONLY if direct	Candidate/Officeholder name	Office soug		Office he	eld
expenditure to benefit C/O	H McKay, Eli	CORPUS	CHRISTI CITY		
Date	Payee name				
10/24/2024	Bell, Jefferson				
Amount (\$)	Payee address; City; Sta	ite; Zip Cod	e		
\$355.32	4101 Brett St				
	RO 5				
X Expenditure from corporate funds	Corpus Christi, TX 78411				
PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	scricule)		outside of Texas. Com	plete Schedule T.
EXPENDITORE	_				
				port the campa nowledge or co	igns without the
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office soug		Office he	
experientare to benefit 6/6/	Campos, Sylvia	CORPUS	CHRISTI CITY	CORPL	JS CHRISTI CITY
Date	Payee name				
10/24/2024	Bell, Jefferson				
Amount (\$)	Payee address; City; Sta	ite; Zip Cod	e		
\$859.95	4101 Brett St				
- "	RO 5				
X Expenditure from corporate funds	Corpus Christi, TX 78411				
PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	,		outside of Texas. Com	plete Schedule T.
EAFEINDITURE			Calamata		Common contata a conserva de la
				port the campa nowledge or co	igns without the nsent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office soug		Office he	eia
	Magnusson, Eric	CORPUS	CHRISTI CITY		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 2/43 Rpt: 9/50 00086753 4 Date Payee name 10/24/2024 Bell, Jefferson 6 Amount (\$) Payee address; City; State; Zip Code \$1,826.67 4101 Brett St RO₅ Expenditure from Χ Corpus Christi, TX 78411 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the candidates knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim **CORPUS CHRISTI CITY CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR**

Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Co	de
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Gracia, Jennifer	Office sou CORPUS	ght Office held S CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 3/43 Rpt: 10/50 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Bergeman, Jerseys Amount (\$) Payee address; City; State; Zip Code \$570.00 6925 S Padre Island Dr Apt 147 Expenditure from Х Corpus Christi, TX 78412 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the candidates knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Bergeman, Jerseys Amount (\$) Payee address: City; State; Zip Code \$180.00 6925 S Padre Island Dr Apt 147

Corpus Christi, TX 78412

Candidate/Officeholder name

Campos, Sylvia

Salaries/Wages/Contract Labor

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

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

corporate funds

Χ

Office sought

CORPUS CHRISTI CITY

(b) Description

Check if travel outside of Texas. Complete Schedule T.

candidates knowledge or consent

Salary to support the campaigns without the

Office held

CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards I Committee Legal Servio	s/Memorials Expense Printing	Expense Expense s/Wages/Contract Labor complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed a	above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)
Sch: 4/43 Rpt: 11/50	Cornell, Victor L. (M	lr.)		00086753	
	5 Payee name				
10/24/2024	Bergeman, Jerseys				
6 Amount (\$)	7 Payee address; C	ity; State; Zip (Code		
\$150.00	6925 S Padre Island	d Dr			
=	Apt 147				
X Expenditure from corporate funds	Corpus Christi, TX 7	78412			
8 PURPOSE	(a) Category (See Categorie	es listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Cor		Check if travel	outside of Texas. Complete Schedule T.	
			Salany to sur	pport the campaigns without t	tha
				nowledge or consent	.ne
9 Complete ONLY if direct	Candidate/Officeholder	name Office so	 ought	Office held	
expenditure to benefit C/O	H Magnusson, Eric	CORPL	JS CHRISTI CITY		
Date	Payee name				
10/24/2024	Bergeman, Jerseys				
Amount (\$)	Payee address; C	ity; State; Zip (Code		
\$1,320.00	6925 S Padre Island	d Dr			
	Apt 147				
X Expenditure from corporate funds	Corpus Christi, TX 7	78412			
PURPOSE	(a) Category (See Categorie	es listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Cor		Check if travel	outside of Texas. Complete Schedule T.	
				pport the campaigns without t nowledge or consent	:he
Complete ONLY if direct	Candidate/Officeholder	name Office so	I ought	Office held	
expenditure to benefit C/O			JS CHRISTI CITY	CORPUS CHRISTI (CITY
Date	Payee name				
Dato	(see previous)				
Amount (\$)		ity; State; Zip (Codo		
Amount (Φ)	Payee address, C	illy, Siale, Lip (Joue		
Expenditure from					
corporate funds					
PURPOSE OF	(a) Category (See Categorie	es listed at the top of this schedule)	(b) Description		_
EXPENDITURE			Check if travel	outside of Texas. Complete Schedule T.	
Complete ONLY if direct	Candidate/Officeholder	name Office so		Office held	
expenditure to benefit C/O			JS CHRISTI MAYC		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 5/43 Rpt: 12/50 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Bergemann, Dakotas Amount (\$) Payee address: City; State; Zip Code \$814.32 6925 S Padre Island Dr Apt 147 Expenditure from Χ corporate funds Corpus Christi, TX 78412 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE**

Candidate/Officeholder name

McKay, Eli

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Salary to support the campaigns without the

Office held

candidates knowledge or consent

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 6/43 Rpt: 13/50	Cornell, Victor L. (Mr.)		00086753
4 Date	5 Payee name		
10/24/2024	Bergemann, Dakotas		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$600.00	6925 S Padre Island Dr		
Expenditure from	Apt 147		
x corporate funds	Corpus Christi, TX 78412		
8 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if trav	rel outside of Texas. Complete Schedule T.
		Salary to si	upport the campaigns without the
		-	knowledge or consent
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ Campos, Sylvia	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY
Date	Payee name		
10/24/2024	Bergemann, Dakotas		
Amount (\$)	Payee address; City;	State; Zip Code	
\$900.00	6925 S Padre Island Dr		
Expenditure from	Apt 147		
corporate funds	Corpus Christi, TX 78412		
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if trav	rel outside of Texas. Complete Schedule T.
		Salary to su	upport the campaigns without the
			knowledge or consent
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ Magnusson, Eric	CORPUS CHRISTI CITY	′
Date	Payee name		
10/24/2024	Bergemann, Dakotas		
Amount (\$)	Payee address; City;	State; Zip Code	
\$2,963.74	6925 S Padre Island Dr		
Evpanditure from	Apt 147		
X Expenditure from corporate funds	Corpus Christi, TX 78412		
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if trav	rel outside of Texas. Complete Schedule T.
		Salary to si	upport the campaigns without the
			knowledge or consent
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF	H Klein, Jim	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/43 Rpt: 14/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Salaries/V	/ages/Contract Labor	OTHER (enter a	category not listed above)
•	The Instruction Guide e	explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 8/43 Rpt: 15/50	Cornell, Victor L. (Mr.)			00086753	
4 Date	5 Payee name			•	
10/24/2024	Breeland, Amanda				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
\$150.00	11930 Leopard St	State, Zip Ce	uc		
Ψ130.00	'				
X Expenditure from	132				
corporate funds	Corpus Christi, TX 78410				
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel	outside of Texas. Com	plete Schedule T.
			Salany to sun	nort the campa	igns without the
				nowledge or co	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou		Office he	
experientare to benefit 6/61	H Campos, Sylvia	CORPUS	CHRISTI CITY	CORPL	JS CHRISTI CITY
Date	Payee name				
10/24/2024	Breeland, Amanda				
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$150.00	11930 Leopard St				
,	132				
X Expenditure from corporate funds					
— corporate rands	Corpus Christi, TX 78410				
PURPOSE OF	(a) Category (See Categories listed at the top		(b) Description	(=	
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel	outside of Texas. Com	piete Schedule 1.
			Salary to sup	port the campa	igns without the
				nowledge or co	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht	Office he	əlq
expenditure to benefit C/O			CHRISTI CITY		JS CHRISTI CITY
	T				
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Co	de		
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the top		(b) Description		
OF OF	(a) Category (See Categories listed at the top	of this schedule)		outside of Texas. Com	plete Schedule T.
EXPENDITURE			Ш		•
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	eld
expenditure to benefit C/O	^H Araiza, Isabel	CORPUS	S CHRISTI MAYO		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/43 Rpt: 16/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Cantu, Gavin Payee address; Amount (\$) City; State; Zip Code \$240.00 3502 Lynnwood

Corpus Christi, TX 78415

Candidate/Officeholder name

McKay, Eli

Salaries/Wages/Contract Labor

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

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

corporate funds

Χ

Office sought

CORPUS CHRISTI CITY

(b) Description

Check if travel outside of Texas. Complete Schedule T.

candidates knowledge or consent

Salary to support the campaigns without the

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Credit Card Payment	I Committee L	egal Services The Instruction Guide exp		/ages	Contract Labor		OTHER (enter a	category not listed abo	ove)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
Sch: 10/43 Rpt: 17/50	Cornell, Victo	or L. (Mr.)					00086753		
4 Date	5 Payee name								
10/24/2024	Cantu, Gavir	1							
6 Amount (\$) \$320.00	7 Payee addres 3502 Lynnw		State; Zip Co	de					
X Expenditure from corporate funds	Corpus Chris	sti, TX 78415							
8 PURPOSE	(a) Category (See	Categories listed at the top of t	this schedule)	(b)	Description				
OF EXPENDITURE		ges/Contract Labor			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITORE					Salary to supposed candidates kr			igns without the	e
9 Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/OF	¹ Campos, Sylv	ia	CORPUS	S CH	IRISTI CITY		CORPL	JS CHRISTI CI	TY
Date	Payee name								
10/24/2024	Cantu, Gavir	1							
Amount (\$)	Payee addres	s; City;	State; Zip Co	de					
\$270.00	3502 Lynnw	boc							
X Expenditure from corporate funds	Corpus Chris	sti, TX 78415							
PURPOSE	(a) Category (See	Categories listed at the top of t	this schedule)	(b)	Description				
OF EXPENDITURE		ges/Contract Labor	ŕ		_	outsi	de of Texas. Com	plete Schedule T.	
					Salary to suppose candidates kr			igns without the	Э
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/OF	¹ Magnusson, E	Eric	CORPUS	S CH	IRISTI CITY				
Date	Payee name								
10/24/2024	Cantu, Gavir	1							
Amount (\$)	Payee addres	s; City;	State; Zip Co	de					
\$830.00	3502 Lynnw	ood							
Expenditure from									
x corporate funds	Corpus Chris	sti, TX 78415							
PURPOSE OF	(a) Category (See	e Categories listed at the top of t	this schedule)	(b)	Description				
EXPENDITURE	Salaries/Wa	ges/Contract Labor			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
					Salary to suppose candidates kr			igns without the	Э
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/OF	^I Klein, Jim		CORPUS	S CH	IRISTI CITY		CORPL	JS CHRISTI CI	TY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/43 Rpt: 18/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services The Instruction Guide explain		pes/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 12/43 Rpt: 19/50	Cornell, Victor L. (Mr.)			00086753	
4 Date	5 Payee name				
10/24/2024	Causey, Jalen				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	9		
\$900.00	1701 Ennis Joslin Rd				
- Evnanditura from	Apt 921				
X Expenditure from corporate funds	Corpus Christi, TX 78412				
8 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (t) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel of	outside of Texas. Com	plete Schedule T.
				port the campa nowledge or co	igns without the nsent
9 Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office he	eld
expenditure to benefit C/O	H McKay, Eli	CORPUS	CHRISTI CITY		
Date	Payee name				
10/24/2024	Causey, Jalen				
Amount (\$)	Payee address; City; Sta	ate; Zip Code	9		
\$510.00	1701 Ennis Joslin Rd				
Expenditure from	Apt 921				
corporate funds	Corpus Christi, TX 78412				
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (I	Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel of	outside of Texas. Com	plete Schedule T.
				port the campa nowledge or co	igns without the nsent
Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office he	eld
expenditure to benefit C/O	H Campos, Sylvia	CORPUS	CHRISTI CITY	CORPL	JS CHRISTI CITY
Date	Payee name				
10/24/2024	Causey, Jalen				
Amount (\$)	Payee address; City; Sta	ate; Zip Code	9		
\$810.00	1701 Ennis Joslin Rd				
Expenditure from	Apt 921				
corporate funds	Corpus Christi, TX 78412				
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (I) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel of	outside of Texas. Com	plete Schedule T.
				port the campa nowledge or co	igns without the nsent
Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office he	eld
expenditure to benefit C/O	^H Magnusson, Eric	CORPUS	CHRISTI CITY		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 13/43 Rpt: 20/50 00086753 4 Date Payee name 10/24/2024 Causey, Jalen 6 Amount (\$) Payee address; State; Zip Code \$2,640.00 1701 Ennis Joslin Rd Apt 921 Expenditure from Χ Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the candidates knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim **CORPUS CHRISTI CITY CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 14/43 Rpt: 21/50 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Cheney, Braeden Amount (\$) Payee address; City; State; Zip Code \$640.92 8033 S Padre Island Dr, Apt 320 Apt 320 Expenditure from Х Corpus Christi, TX 78412 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the

Complete ONLY if direct

Date

Χ

10/24/2024

Amount (\$)

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

corporate funds

expenditure to benefit C/OH

\$378.00

Candidate/Officeholder name

City;

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

8033 S Padre Island Dr, Apt 320

Salaries/Wages/Contract Labor

Corpus Christi, TX 78412

Candidate/Officeholder name

Campos, Sylvia

McKay, Eli

Apt 320

Payee name

Cheney, Braeden

Payee address;

Office sought

State; Zip Code

Office sought

CORPUS CHRISTI CITY

CORPUS CHRISTI CITY

(b) Description

candidates knowledge or consent

Check if travel outside of Texas. Complete Schedule T.

candidates knowledge or consent

Salary to support the campaigns without the

Office held

CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Polling Expense se Printing Expense Salaries/Wages/Contract Labor rplains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 15/43 Rpt: 22/50	Cornell, Victor L. (Mr.)		00086753
4 Date	5 Payee name		
10/24/2024	Cheney, Braeden		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$520.75	8033 S Padre Island Dr, Apt 320		
X Expenditure from	Apt 320		
Corporate funds	Corpus Christi, TX 78412		
8 PURPOSE OF	(a) Category (See Categories listed at the top o		autido of Tours Complete Cabadula T
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T.
		Salary to sup	pport the campaigns without the
		candidates k	nowledge or consent
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Magnusson, Eric	CORPUS CHRISTI CITY	
Date	Payee name		
10/24/2024	Cheney, Braeden		
Amount (\$)	Payee address; City;	State; Zip Code	
\$2,011.89	8033 S Padre Island Dr, Apt 320		
Expenditure from	Apt 320		
corporate funds	Corpus Christi, TX 78412		
PURPOSE	(a) Category (See Categories listed at the top o		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T.
			pport the campaigns without the nowledge or consent
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Klein, Jim	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
- Funanditura from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top o	f this schedule) (b) Description	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Araiza, Isabel	CORPUS CHRISTI MAYO	

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 16/43 Rpt: 23/50 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Clowdus, Kayley Amount (\$) Payee address: City; State; Zip Code \$345.42 6130 Coralridge Dr Expenditure from Χ corporate funds Corpus Christi, TX 78413 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the

Candidate/Officeholder name

McKay, Eli

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

candidates knowledge or consent

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explain	salaries/wages/Contract Labor ns how to complete this form.	OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Sch: 17/43 Rpt: 24/50	Cornell, Victor L. (Mr.)	00086753						
4 Date	5 Payee name	5 Payee name						
10/24/2024	Clowdus, Kayley							
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code						
\$240.00	6130 Coralridge Dr							
Expenditure from								
corporate funds	Corpus Christi, TX 78413							
8 PURPOSE OF	(a) Category (See Categories listed at the top of this se							
EXPENDITURE	Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T.					
			upport the campaigns without the knowledge or consent					
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held					
expenditure to benefit C/OI	^H Campos, Sylvia	CORPUS CHRISTI CITY	JS CHRISTI CITY CORPUS CHRISTI CITY					
Date	Payee name							
10/24/2024	Clowdus, Kayley							
Amount (\$)	Payee address; City; Stat	te; Zip Code						
\$390.00	6130 Coralridge Dr	, - p						
	1							
X Expenditure from corporate funds	Corpus Christi, TX 78413							
PURPOSE OF	(a) Category (See Categories listed at the top of this se							
EXPENDITURE	Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T.					
			upport the campaigns without the knowledge or consent					
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held					
expenditure to benefit C/OI	H Magnusson, Eric	CORPUS CHRISTI CITY	•					
Date	Payee name							
10/24/2024	Clowdus, Kayley							
Amount (\$)	Payee address; City; Stat	te; Zip Code						
\$1,237.53	6130 Coralridge Dr							
— Foresedit ve from								
X Expenditure from corporate funds	Corpus Christi, TX 78413							
PURPOSE OF	(a) Category (See Categories listed at the top of this so							
EXPENDITURE	Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T.					
			upport the campaigns without the knowledge or consent					
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held					
expenditure to benefit C/OI	^Ⅎ Klein, Jim	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY					

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/43 Rpt: 25/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains		plete this form.	OTHER (enter a	a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 19/43 Rpt: 26/50	Cornell, Victor L. (Mr.)			00086753	
4 Date	5 Payee name				
10/24/2024	Cunningham, Deonte				
6 Amount (\$)	7 Payee address; City; State	e; Zip Cod	е		
\$762.93	6334 South Padre Island Dr, Apt G				
	Apt G				
X Expenditure from corporate funds	Corpus Christi, TX 78412				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sci	chedule) (b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel of	outside of Texas. Con	nplete Schedule T.
				port the campa nowledge or co	aigns without the onsent
9 Complete ONLY if direct		Office soug	ht	Office h	eld
expenditure to benefit C/OI	^H McKay, Eli	CORPUS	CHRISTI CITY		
Date	Payee name				
10/24/2024	Cunningham, Deonte				
Amount (\$)	Payee address; City; State	e; Zip Cod	e		
\$284.13	6334 South Padre Island Dr, Apt G				
	Apt G				
X Expenditure from corporate funds	Corpus Christi, TX 78412				
PURPOSE	(a) Category (See Categories listed at the top of this sci	-1	b) Description		
OF	Salaries/Wages/Contract Labor	criedule)		outside of Texas. Con	nplete Schedule T.
EXPENDITURE			_		
				port the campa nowledge or co	aigns without the onsent
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office h	eld
expenditure to benefit C/OI	11	•	CHRISTI CITY	CORPL	JS CHRISTI CITY
Date	Payee name				
10/24/2024	Cunningham, Deonte				
	_	e; Zip Cod	0		
Amount (\$) \$450.03	6334 South Padre Island Dr, Apt G	e, zip cou	е		
Ψ430.03					
X Expenditure from	Apt G				
Corporate rands	Corpus Christi, TX 78412				
PURPOSE OF	(a) Category (See Categories listed at the top of this sci	chedule) (b) Description	outside of Texas. Con	anloto Schodulo T
EXPENDITURE	Salaries/Wages/Contract Labor		Check ii tiavei c	Juisiue of Texas. Con	ipiete Scriedule 1.
					aigns without the
			candidates kr	nowledge or co	onsent
Complete ONLY if direct		Office soug	ht	Office h	eld
expenditure to benefit C/OI	H Magnusson, Eric	CORPUS	CHRISTI CITY		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 20/43 Rpt: 27/50 00086753 4 Date Payee name 10/24/2024 Cunningham, Deonte 6 Amount (\$) Payee address; City; State; Zip Code \$1,602.09 6334 South Padre Island Dr, Apt G Apt G Expenditure from Χ Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the candidates knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim **CORPUS CHRISTI CITY CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

Candidate/Officeholder name

Gracia, Jennifer

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Check if travel outside of Texas. Complete Schedule T.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services	Salaries/Wages/Contract Labor ins how to complete this form.	OTHER (enter a category not listed above)
	<u>'</u>	ins now to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 21/43 Rpt: 28/50	Cornell, Victor L. (Mr.)		00086753
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	· I —	outside of Texas. Complete Schedule T.
9 Complete ONLY if direct	Candidate/Officeholder name	Office cought	Office held
expenditure to benefit C/OI		Office sought CORPUS CHRISTI CITY	Office field
Date	Payee name		
10/24/2024	De Santiago-Young, Dena		
Amount (\$)	Payee address; City; St	ate; Zip Code	
\$423.29	PO Box 81258		
Expenditure from corporate funds	Corpus Christi, TX 78468		
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T.
			port the campaigns without the nowledge or consent
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H McKay, Eli	CORPUS CHRISTI CITY	
Date	Payee name		
10/24/2024	De Santiago-Young, Dena		
Amount (\$)	Payee address; City; St	ate; Zip Code	
\$258.93	PO Box 81258		
X Expenditure from corporate funds	Corpus Christi, TX 78468		
PURPOSE OF	(a) Category (See Categories listed at the top of this Salaries/Wages/Contract Labor		outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries, Wages/Cornitaet Labor		•
			port the campaigns without the nowledge or consent
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Campos, Sylvia	CORPUS CHRISTI CITY	CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
•	The Instruction Guide explain	is 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; Stat PO Box 81258	te; Zip Code	
X Expenditure from corporate funds	Corpus Christi, TX 78468		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T.
			pport the campaigns without the nowledge or consent
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H 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 PO Box 81258	te; Zip Code	
X Expenditure from corporate funds	Corpus Christi, TX 78468		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor		outside of Texas. Complete Schedule T.
			pport the campaigns without the nowledge or consent
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Klein, Jim	Office sought CORPUS CHRISTI CITY	Office held CORPUS CHRISTI CITY
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; Stat	te; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	′ I '	outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Araiza, Isabel	Office sought CORPUS CHRISTI MAYO	Office held DR

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 23/43 Rpt: 30/50 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Evans, Jazmeyne Amount (\$) Payee address; City; State; Zip Code \$270.00 3310 Rodd Field Rd, Apt 4305 Apt 4305 Expenditure from Χ corporate funds Corpus Christi, TX 78414 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE**

Candidate/Officeholder name

McKay, Eli

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Salary to support the campaigns without the

Office held

candidates knowledge or consent

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 24/43 Rpt: 31/50 00086753 4 Date Payee name 10/24/2024 Evans, Jazmeyne 6 Amount (\$) Payee address; City; State; Zip Code \$810.00 3310 Rodd Field Rd, Apt 4305 Apt 4305 Expenditure from Χ Corpus Christi, TX 78414 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the candidates knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim **CORPUS CHRISTI CITY CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code

Forms provided by Texas Ethics Commission

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

www.ethics.state.tx.us

Office sought

CORPUS CHRISTI CITY

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Candidate/Officeholder name

Gracia, Jennifer

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services S The Instruction Guide explains how	Alaries/Wages/Contract Labor OTHER (enter a category not listed above) v to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 25/43 Rpt: 32/50	Cornell, Victor L. (Mr.)	00086753
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Z	Cip Code
Expenditure from corporate funds		
8 PURPOSE	(a) Catagory	e) (b) Description
OF	(a) Category (See Categories listed at the top of this schedu	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		
9 Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OI	[†] Caballero, Rachel CO	RPUS CHRISTI CITY
Date	Payee name	
10/24/2024	Garcia, Tena	
Amount (\$)	Payee address; City; State; Z	in Code
\$40.00	2317 Light Wind Dr	.p Code
Ψ+0.00	2017 Light Willa Di	
X Expenditure from	Communa Obritali TV 70414	
corporate rarius	Corpus Christi, TX 78414	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Salary to support the campaigns without the
		candidates knowledge or consent
Complete ONLY if direct	Candidate/Officeholder name Officeholder	ce sought Office held
expenditure to benefit C/O		RPUS CHRISTI CITY
Date	Payee name	
10/24/2024	Garcia, Tena	
	·	Sa Cada
Amount (\$)		Cip Code
\$330.60	2317 Light Wind Dr	
Expenditure from		
corporate funds	Corpus Christi, TX 78414	
PURPOSE	(a) Category (See Categories listed at the top of this schedu	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Salary to support the campaigns without the
		candidates knowledge or consent
Complete ONLY if direct	Candidate/Officeholder name Officeholder	ce sought Office held
expenditure to benefit C/OI	1	RPUS CHRISTI CITY
	magnasson, Eno	and de demonstration in

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/43 Rpt: 33/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name 10/24/2024 Garcia, Tena 6 Amount (\$) Payee address; City; State; Zip Code \$370.60 2317 Light Wind Dr Expenditure from Corpus Christi, TX 78414 corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Salaries/Wages/Contract Labo		Description Check if travel outside of Texa Salary to support the candidates knowledge	ampaigns without the
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Klein, Jim	Office sought		fice held DRPUS CHRISTI CITY
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	pp of this schedule) (b	Description Check if travel outside of Texa	as. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Araiza, Isabel	Office sought	Of CHRISTI MAYOR	fice held
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds		1		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	pp of this schedule) (b	Description Check if travel outside of Texa	as. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Gracia, Jennifer	Office sought	Of CHRISTI CITY	fice held
_				

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 27/43 Rpt: 34/50 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Gonzales, Jose Amount (\$) Payee address; City; State; Zip Code \$8.50 1701 Ennis Joslin Rd, Apt. 921 Apt 921

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide expla		nplete this form		OTHER (enter a	category not listed above	/e)
1 Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission	n Filers)
Sch: 28/43 Rpt: 35/50	Cornell, Victor L. (Mr.)				00086753		
4 Date	5 Payee name						
10/24/2024	Gonzales, Jose						
6 Amount (\$)		state; Zip Coo	le				
\$176.50	1701 Ennis Joslin Rd, Apt. 921						
X Expenditure from corporate funds	Apt 921 Corpus Christi, TX 78412						
8 PURPOSE OF	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description				
EXPENDITURE	Salaries/Wages/Contract Labor		Check if to	travel outsid	le of Texas. Com	plete Schedule T.	
					t the campa rledge or co	igns without the nsent	
9 Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht		Office he	eld	
expenditure to benefit C/OI	H Magnusson, Eric	CORPUS	CHRISTI CI	TY			
Date	Payee name						
10/24/2024	Gonzales, Jose						
Amount (\$)	Payee address; City; S	state; Zip Coo	le				
\$346.50	1701 Ennis Joslin Rd, Apt. 921						
Expenditure from	Apt 921						
X corporate funds	Corpus Christi, TX 78412						
PURPOSE OF	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description		la of Toyon Com	nlata Cabadula T	
EXPENDITURE	Salaries/Wages/Contract Labor		L Check if the	travei outsio	ie of Texas. Com	plete Schedule T.	
					t the campa rledge or co	igns without the nsent	
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht		Office he	eld	
expenditure to benefit C/OI	H Klein, Jim	CORPUS	CHRISTI CI	TY	CORPL	JS CHRISTI CIT	Υ
Date	Payee name (see previous)						
Amount (\$)	Payee address; City; S	State; Zip Cod	le				
Expenditure from							
corporate funds		_					
PURPOSE OF	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description				
EXPENDITURE			L Check in the	iravei outsio	ie or rexas. Com	plete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou			Office he	eld	
experientale to beliefft C/OI	Araiza, Isabel	CORPUS	CHRISTI MA	AYOR			

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 29/43 Rpt: 36/50 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Gutierrez, Annette Amount (\$) Payee address: City; State; Zip Code \$489.06 4409 Castenon St Expenditure from Χ

Corpus Christi, TX 78416

Candidate/Officeholder name

McKay, Eli

Salaries/Wages/Contract Labor

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

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

(b) Description

Check if travel outside of Texas. Complete Schedule T.

candidates knowledge or consent

Salary to support the campaigns without the

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services The Instruction Guide explai		ges/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 30/43 Rpt: 37/50	Cornell, Victor L. (Mr.)			00086753	
4 Date	5 Payee name				
10/24/2024	Gutierrez, Annette				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Cod	e		
\$258.06	4409 Castenon St				
X Expenditure from					
corporate funds	Corpus Christi, TX 78416				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	s schedule)	b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel o	outside of Texas. Comp	olete Schedule T.
				port the campa nowledge or co	igns without the nsent
9 Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office he	eld
expenditure to benefit C/OI	^H Campos, Sylvia	CORPUS	CHRISTI CITY	CORPU	IS CHRISTI CITY
Date	Payee name				
10/24/2024	Gutierrez, Annette				
Amount (\$)	Payee address; City; Sta	ate; Zip Cod	e		
\$203.50	4409 Castenon St				
X Expenditure from corporate funds	Corpus Christi, TX 78416				
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel of	outside of Texas. Comp	olete Schedule T.
				port the campa nowledge or co	igns without the nsent
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office he	eld
expenditure to benefit C/OI	^H Magnusson, Eric	CORPUS	CHRISTI CITY		
Date	Payee name				
10/24/2024	Gutierrez, Annette				
Amount (\$)	Payee address; City; Sta	ate; Zip Cod	e		
\$1,483.69	4409 Castenon St				
X Expenditure from corporate funds	Corpus Christi, TX 78416				
PURPOSE OF	(a) Category (See Categories listed at the top of this	s schedule)	b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel o	outside of Texas. Comp	Diete Schedule T.
				port the campa nowledge or co	igns without the nsent
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office he	eld
expenditure to benefit C/O	^H Klein, Jim	CORPUS	CHRISTI CITY	CORPU	IS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/43 Rpt: 38/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services The Instruction Guide explain		/ages	/Contract Labor		OTHER (enter a	category not listed above)	
_		_	<u> </u>	15 11011 to 00		-	_		/=:: 0 · · · =::	
	Total pages Schedule F1: Sch: 32/43 Rpt: 39/50	2	Cornell, Victor L. (Mr.)					Filer ID 00086753	(Ethics Commission File	rs)
4 [Date	5	Payee name							
	10/24/2024	ľ	Gutierrez, Nicole							
6 /	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	de					
	\$42.00		4217 Harry St							
			•							
Х	Expenditure from corporate funds		Corpus Christi, TX 78412							
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		Check if travel o	utsio	de of Texas. Comp	olete Schedule T.	
	EXPENDITORE									
									igns without the	
						candidates kn	IOW	rieage or coi	nsent	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office he	eld	
(expenditure to benefit C/OI	۱ ۲	McKay, Eli	CORPUS	CH	IRISTI CITY				
_	Data	Г								
	Date		Payee name							
-	10/24/2024		Gutierrez, Nicole							
/	Amount (\$)		Payee address; City; Stat	te; Zip Co	de					
	\$42.00		4217 Harry St							
Х	Expenditure from corporate funds		Corpus Christi, TX 78412							
	•	_	·							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel o	utsio	de of Texas. Comp	olete Schedule T.	
						Salany to supr	or	t the campa	igns without the	
						candidates kn				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou				Office he		
,	experialiture to beliefit C/Oi	٦ (Campos, Sylvia	CORPUS	S CF	IRISTI CITY		CORPU	IS CHRISTI CITY	
[Date		Payee name							
	10/24/2024		Gutierrez, Nicole							
				to: Zin Co	do					
′	Amount (\$)		• •	te; Zip Co	ue					
	\$42.00		4217 Harry St							
_	Expenditure from									
Х	corporate funds		Corpus Christi, TX 78412							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF	ľ` <i>′</i>	Salaries/Wages/Contract Labor	ocricuale)	` '		utsio	le of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Salarios, Wagoo, Sona act Laso.			_				
									igns without the	
						candidates kn	IOW	ledge or co	nsent	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI		Magnusson, Eric			IRISTI CITY				
I										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 33/43 Rpt: 40/50	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) 00086753
4 Date	
10/24/2024	Gutierrez, Nicole
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$793.95	4217 Harry St
X Expenditure from corporate funds	Corpus Christi, TX 78412
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	
	Salary to support the campaigns without the
	candidates knowledge or consent
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	7 Maiza, Isabel Soft So Stitue Hill Hill Total
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
(,)	-g
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 34/43 Rpt: 41/50 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Newman, Abigail Amount (\$) Payee address; City; State; Zip Code \$450.00 8033 S Padre Island Dr, Apt 320 Apt 320 Expenditure from Х Corpus Christi, TX 78412 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the

candidates knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli **CORPUS CHRISTI CITY** Date Payee name 10/24/2024 Newman, Abigail Amount (\$) Payee address; City; State; Zip Code \$180.00 8033 S Padre Island Dr, Apt 320 Apt 320 Expenditure from Χ corporate funds Corpus Christi, TX 78412 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Salary to support the campaigns without the candidates knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia **CORPUS CHRISTI CITY** CORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex			xpens Vages	e /Contract Labor		Travel in Distric Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers	3)
	Sch: 35/43 Rpt: 42/50		Cornell, Victor L. (Mr.)						00086753		
4	Date	5	Payee name								
:	10/24/2024	1	Newman, Abigail								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	ode					
	\$180.00	1	8033 S Padre Island Dr, Apt 320)							
			Apt 320								
Χ	Expenditure from corporate funds		Corpus Christi, TX 78412								
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				Check if travel o	outsio	de of Texas. Con	mplete Schedule T.	
							Calary to sunr	oor	t the camn	aigns without the	
							candidates kn				
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	<u>l</u> ıght			Office h	neld	
	expenditure to benefit C/OF	1 N	Magnusson, Eric		CORPUS	S CH	HRISTI CITY				
	Date		Payee name								
:	10/24/2024	'	Newman, Abigail								
	Amount (\$)		Payee address; City;	State;	; Zip Co	ode					
	\$900.00		8033 S Padre Island Dr, Apt 320)							
			Apt 320								
Х	Expenditure from corporate funds		Corpus Christi, TX 78412								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	iedule)	(b)	Description				
	OF EXPENDITURE	'	Salaries/Wages/Contract Labor				Check if travel o	outsio	de of Texas. Con	mplete Schedule T.	
							Salary to suppose candidates kn			aigns without the onsent	
	Complete ONLY if direct		Candidate/Officeholder name	С	Office sou	ıght			Office h	neld	
(expenditure to benefit C/OF	¹ K	Clein, Jim	C	CORPUS	S CH	IRISTI CITY		CORP	US CHRISTI CITY	
	Date		Payee name								
			(see previous)								
,	Amount (\$)		Payee address; City;	State;	; Zip Co	ode					
	Expenditure from										
Ш	corporate funds										
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	iedule)	(b)	Description				
	OF EXPENDITURE						Check if travel o	outsio	de of Texas. Con	mplete Schedule T.	
	Complete ONLY if direct		Candidate/Officeholder name	С	Office sou	ıght			Office h	neld	
۱ ۱	expenditure to benefit C/OF	A F	Araiza, Isabel	C	CORPUS	S CH	HRISTI MAYOF	R			

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/43 Rpt: 43/50 00086753 Cornell, Victor L. (Mr.) 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code

Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	(b) Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought Office held ORPUS CHRISTI CITY
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State;	Zip Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	(b) Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OI		ffice sought Office held ORPUS CHRISTI CITY
Date	Payee name	
10/24/2024	Richardson, Zion	
Amount (\$) \$310.00	Payee address; City; State; 3118 Quebec Dr	Zip Code
X Expenditure from corporate funds	Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description 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/OI		ffice sought Office held ORPUS CHRISTI CITY

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Officeholder/Politica ayment		Legal Services The Instruction Guide ex	Salaries/V	Vages/	Contract Labor		OTHER (enter a	category not listed	d above)
1 Total pages	Schedule F1:	2 FILER NAM	 F				3	Filer ID	(Ethics Comm	nission Filers)
	3 Rpt: 44/50		ctor L. (Mr.)					00086753	(======================================	,
4 Date		5 Payee name	9							
10/24/202	4	Richardso								
6 Amount (\$)		7 Payee addre	ess; City;	State; Zip Co	ode					
	\$531.36	3118 Quet	oec Dr							
X Expenditure corporate for		Corpus Ch	risti, TX 78414							
8 PURPO	SE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
OF EXPENDI	TURE	I	ages/Contract Labor			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
LXI LINDI	IOIL					Salary to sup	nnı	rt the camna	ians without	the
						candidates kr				
9 Complete C			ficeholder name	Office sou	ight			Office he	eld	
expenditure	to benefit C/O	^H Campos, Sy	⁄lvia	CORPUS	S CH	IRISTI CITY		CORPL	JS CHRISTI	CITY
Date		Payee name								
10/24/202	4	Richardso	n, Zion							
Amount (\$)		Payee addre	ess; City;	State; Zip Co	ode					
	\$411.60	3118 Quel								
X Expenditure corporate for		Corpus Ch	risti, TX 78414							
PURPO	SE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
OF EXPENDI	TURE	Salaries/W	ages/Contract Labor			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
						Salary to supp candidates kr				the
Complete C	NLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office he	eld	
expenditure	to benefit C/O	^H Magnusson	, Eric	CORPUS	S CH	IRISTI CITY				
Date		Payee name	2							
10/24/202	4	Richardson	n, Zion							
Amount (\$)		Payee addr	ess; City;	State; Zip Co	ode					
	\$1,252.98	3118 Quel	ec Dr							
X Expenditure corporate for		Corpus Ch	risti, TX 78414							
PURPO	SE	(a) Category (See Categories listed at the top of	this schedule)	(b)	Description				
OF EXPENDI	TURE	Salaries/W	ages/Contract Labor			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
						Salary to supp candidates kr				the
Complete C	NLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office he	eld	
	to benefit C/O				•	IRISTI CITY			JS CHRISTI	CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 38/43 Rpt: 45/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services The Instruction Guide expla	Salaries/Wages/Contra ins how to complete this		er a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 39/43 Rpt: 46/50	Cornell, Victor L. (Mr.)		0008675	53
4 Date	5 Payee name			
10/24/2024	Ruel, Leslie			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
\$351.56	5442 Bonham St			
Expenditure from				
x corporate funds	Corpus Christi, TX 78415			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this		•	
EXPENDITURE	Salaries/Wages/Contract Labor	∐ Cr	eck if travel outside of Texas.	Complete Schedule T.
			y to support the can idates knowledge or	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office	e held
expenditure to benefit C/OI	^H Campos, Sylvia	CORPUS CHRIST	I CITY COF	PUS CHRISTI CITY
Date	Payee name			
10/24/2024	Ruel, Leslie			
Amount (\$)	Payee address; City; St	ate; Zip Code		
\$586.74	5442 Bonham St			
Expenditure from				
x corporate funds	Corpus Christi, TX 78415			
PURPOSE OF	(a) Category (See Categories listed at the top of this		•	
EXPENDITURE	Salaries/Wages/Contract Labor	□ Cr	eck if travel outside of Texas.	Complete Schedule 1.
			y to support the can idates knowledge or	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office	e held
expenditure to benefit C/O	^H Magnusson, Eric	CORPUS CHRIST	TI CITY	
Date	Payee name			
10/24/2024	Ruel, Leslie			
Amount (\$)	Payee address; City; St	ate; Zip Code		
\$938.30	5442 Bonham St			
Expenditure from				
x corporate funds	Corpus Christi, TX 78415			
PURPOSE OF	(a) Category (See Categories listed at the top of this		•	Occupate Oaked 1 7
EXPENDITURE	Salaries/Wages/Contract Labor	l □ Cr	eck if travel outside of Texas.	Complete Schedule T.
			y to support the can idates knowledge or	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office	e held
expenditure to benefit C/OI	^H Klein, Jim	CORPUS CHRIST	I CITY COF	RPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 40/43 Rpt: 47/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel **CORPUS CHRISTI MAYOR** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer **CORPUS CHRISTI CITY** Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CORPUS CHRISTI CITY

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		to complete this form.
4 Tatal marian Calcadida F1.	<u>'</u>	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 41/43 Rpt: 48/50	Cornell, Victor L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086753
4 Date	, ,	00000733
10/24/2024	5 Payee nameTrjo Chavez, Aline	
	-	
6 Amount (\$)	7 Payee address; City; State; Zi1035 Wilshire PI	o Code
\$1,128.12	1035 WIISHII E PI	
X Expenditure from	Communa Christi TV 70444	
— corporate farias	Corpus Christi, TX 78411	I.a.
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check it dayer dustate of Texas. Complete Scriedule 1.
		Salary to support the campaigns without the
		candidates knowledge or consent
9 Complete ONLY if direct		e sought Office held
expenditure to benefit C/OI	H McKay, Eli COF	PUS CHRISTI CITY
Date	Payee name	
10/24/2024	Trjo Chavez, Aline	
Amount (\$)	Payee address; City; State; Zi	o Code
\$1,145.93	1035 Wilshire Pl	
— Formanditure from		
X Expenditure from corporate funds	Corpus Christi, TX 78411	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Salary to support the campaigns without the
		candidates knowledge or consent
Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/OI	1	PUS CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name	
10/24/2024	Trjo Chavez, Aline	
Amount (\$)	Payee address; City; State; Zi	n Code
\$681.14	1035 Wilshire Pl	
X Expenditure from corporate funds	Corpus Christi, TX 78411	
PURPOSE	•	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		
		Salary to support the campaigns without the candidates knowledge or consent
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought Office held
,	Magnusson, Eric COF	PUS CHRISTI CITY

POLITICAL EXPENDITURES EXPENDITURE CAT Advertising Expense Accounting/Banking Event Expense Fees

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 42/43 Rpt: 49/50	Cornell, Victor L. (Mr.) 00086753
4 Date	5 Payee name
10/24/2024	Trjo Chavez, Aline
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,955.19	1035 Wilshire Pl
X Expenditure from corporate funds	Corpus Christi, TX 78411
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Colony to assume at the comparison suitheast the
	Salary to support the campaigns without the candidates knowledge or consent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit Gree	1 Klein, Jim CORPUS CHRISTI CITY CORPUS CHRISTI CITY
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
<u>'</u>	(4) -
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if the desired of restas. Complete Schedule 1.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davisa marea
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/OI	Gracia, Jennifer CORPUS CHRISTI CITY

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 43/43 Rpt: 50/50 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel **CORPUS CHRISTI CITY**