FORM DCE COVER SHEET PG 1

The DCE Instruction G	The DCE Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00058635					d:
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
	NICKNAME	LAST Texas Freedor	m Network	SUFFIX	Date Received ELECTRONICA 10/28/2024	LLY FILED
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STAT	E; ZIP CODE		
Change of Address	P.O. Box 1624 Austin, TX 78705				Date Hand-delivered or I	
5 FILER PHONE		ONE NUMBER E	EXTENSION		Receipt #	Amount
	(512) 212-5001	JNE NOWBER E	EXTENSION		Date Processed	1
6 REPORT TYPE	January 15 July 15		th day before electing day before election		Date Imaged	
			inoff	o	_	
7 PERIOD COVERED	Month Day Year 09/27/2024		HROUGH	Month Day 10/26/20	Year 24	
8 ELECTION	ELECTION DATE Month Day Year 11/05/2024		rimary seneral	ELECTION -	TYPE Other	
9 FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported M	ihaela Plesa	State Representative	9	
(Attach lists on plain paper to complete this report if		B. Opposed				
necessary.)	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.)					
GO TO PAGE 2						

FORM DCE COVER SHEET PG 2

0 FILER NAME			11 Filer ID (Eth	ics Commission Filers)
Texas Freedom Ne	twork		00058635	
2 EXPENDITURE TOTALS	1. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES	\$	0.00
	2. TOTAL POLIT	TICAL EXPENDITURES	\$	118,195.34
3 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·		•	
		I swear, or affirm, under pen true and correct and include under Title 15, Election Cod	nalty of perjury, that the accomps all information required to be e.	panying report is reported by me
		Signatura of individu	Signature of Filer or al with authority to sign on beh	alf of antity
			only if Filer is an entity)	an or entity
AFFIX NOTARY STA	AMP / SEAL ABOVE			
		nid rtify which, witness my hand and seal of office.		day
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer adr	ninistering oath

FORM DCE ADDENDUM

Page 3 of 27

10 FILER NAME		11 Filer ID (Ethics Commission Filers)
Texas Freedom Network		00058635
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by part	A. Supported Averie Bishop State Representa	ative
(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 part)	
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by part	A. Supported Kristian Carranza State Represe	entative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (describe by date and location of election and nature of issue)	A. Supported	
	B. Opposed	
Officeholders Assisted (identify by name or, if applicable, classify by part		
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by part	A. Supported Laurel Jordan Swift State Repre	esentative
(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		

FORM DCE ADDENDUM

Page 4 of 27

10 FILER NAME Texas Freedom Netwo	ırk				11 Filer ID 00058635	(Ethics Commission Filers)
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Eli McKay Co	rpus Christi City C	L ouncil D1	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Sylvia Campo	s Corpus Christi C	City Council D2	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Jim Klein Cor	pus Christi City Co	ouncil At-Large	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	Officeholders Assisted (identify by name or, if					
	applicable, classify by party)					

FORM DCE ADDENDUM

Page 5 of 27

10 FILER NAME		11 Filer ID (Ethics Commission Filers)
Texas Freedom Network		00058635
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by pa	A. Supported Jennifer Gracia Corpus Christi	City Council At-Large
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (describe by date and location of election and nature of issue)	A. Supported	
	B. Opposed	
3. Officeholders Assisted (identify by name or, if applicable, classify by pa	ty)	
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by pa	A. Supported Estevan Jesus "Chuy" Zarate F	Round Rock ISD Place 1
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (describe by date and location of election and nature of issue)	A. Supported	
	B. Opposed	
Officeholders Assisted (identify by name or, if applicable, classify by pa	ty)	
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by pa	A. Supported Melissa Ross Round Rock ISD	Place 2
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (describe by date and location of election and nature of issue)	A. Supported	
	B. Opposed	
3. Officeholders Assisted		
(identify by name or, if		

FORM DCE ADDENDUM

Page 6 of 27

			1 ago o o 121
10 FILER NAME			11 Filer ID (Ethics Commission Filers)
Texas Freedom Netwo	rk		00058635
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported Mingyuan "Michael" Wei Ro	und Rock ISD Place 7
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	Measures (describe by date and location of election and nature of issue)	A. Supported	
		B. Opposed	
	Officeholders Assisted (identify by name or, if applicable, classify by party)		
	•		

SUBTOTALS - DCE

FORM DCE COVER SHEET PG 3 7 of 27

14 FILER NAME	15 Filer ID	(Ethics Commission Filers)
Texas Freedom Network	00058635	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE F1: POLITICAL EXPENDITURES		\$ 118,195.34
2. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
3. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Award I Committee Legal Serv	rage Expense s/Memorials Expense ices ruction Guide explains I		ense ges/Contract Labor		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)
L	Sch: 1/20 Rpt: 8/27	Texas Freedom Ne	twork				00058635
4	Date	5 Payee name					
l	10/26/2024	American Printing	& Mailing				
6	Amount (\$)	7 Payee address; C	City; State;	Zip Code	9		
l	\$1,050.89	1606 Headway Cir					
	Expenditure from corporate funds	Austin, TX 78754					
8	PURPOSE	(a) Category (See Categori	es listed at the top of this sch	edule) (k) Description		
l	OF EXPENDITURE	Printing Expense			Check if travel	louts	ide of Texas. Complete Schedule T.
	EXI ENDITORE				General prin	ting	I
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder	name C	Office sough	nt		Office held
Г	Date	Payee name					
l	10/26/2024	American Printing	& Mailing				
H	Amount (\$)	Payee address; (City; State;	Zip Code			
l	\$700.82	1606 Headway Cir					
		•					
	Expenditure from corporate funds	Austin, TX 78754					
l	PURPOSE OF	(a) Category (See Categori	es listed at the top of this sch	edule) (k	Description		
l	EXPENDITURE	Printing Expense			Check if travel	louts	ide of Texas. Complete Schedule T.
					Printing Expe	ens	е
Н	Complete ONLY if direct	Candidate/Officeholder	name C	Office sough	nt		Office held
l	expenditure to benefit C/O	[⊢] McKay, Eli	C	Corpus Ch	risti City Counc	il	
⊨	Date	Davis nome			<u> </u>		
	Date	Payee name (see previous)					
Г	Amount (\$)	Payee address; (City; State;	Zip Code	9		
l							
_	Expenditure from						
ᄩ	corporate funds						
l	PURPOSE OF	(a) Category (See Categori	es listed at the top of this sch	edule) (t	Description	Louto	ide of Toyloo Complete Cabadula T
l	EXPENDITURE				Crieck ii travei	outs	ide of Texas. Complete Schedule T.
一	Complete ONLY if direct	Candidate/Officeholder	name C	Office sough	nt		Office held
	expenditure to benefit C/O				 risti City Counc	il	-
\vdash		. , , ==					
l							

POLITICAL EXPENDITURES EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages/Contract Labor		OTHER (enter a	category not listed above)	
_		 		e explains now to co	ompiete triis ioriii.	-			_
1	Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/20 Rpt: 9/27	Texas Free	edom Network				00058635		
4	Date	5 Payee name)						
		(see previo	ous)						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	nde				_
٠	Amount (ϕ)	i i ayee addire	.33, Oity,	State, Zip Ci	ouc				
_	T Expenditure from								
L	corporate funds								
8	PURPOSE	(a) Category (s	See Categories listed at the t	on of this schedule)	(b) Description				_
	OF EXPENDITURE			,	Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	ught		Office he	eld	_
	expenditure to benefit C/OI	H Klein, Jim		Corpus (Christi City Counci	I			
	Doto	Γ 5							_
	Date	Payee name							
		(see previo	ous)						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
Г	Expenditure from corporate funds								
					la.				
	PURPOSE OF	(a) Category (s	See Categories listed at the t	op of this schedule)	(b) Description		d4.T O	alata Cabadala T	
	EXPENDITURE				Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	0 1: 0 1 1 1 1			0.00	1		0.00		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	ficeholder name	Office sou			Office he	eid	
		¹ Gracia, Jenr	ııter	Corpus	Christi City Counci	l			
	Date	Payee name	;						
	10/26/2024	American	Printing & Mailing						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				_
	\$1,573.58	1606 Head	· ·						
	Ψ1,010.00	100011044	way on						
_	Expenditure from								
	corporate funds	Austin, TX	78754						
	PURPOSE	(a) Category (S	See Categories listed at the t	op of this schedule)	(b) Description				
	OF EXPENDITURE	Printing Ex			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE								
					Printing Expe	ens	9		
	Complete ONLY if direct		ficeholder name	Office sou	ught		Office he	eld	
	expenditure to benefit C/OI	^H Bishop, Ave	rie	State Re	presentative Distr	ict	HD		

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor OTHER (enter a category not listed above)
		· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 3/20 Rpt: 10/27	Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
4 Date	5 Payee name	'
10/26/2024	American Printing & Mailing	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,573.58	1606 Headway Cir	
Expenditure from corporate funds	Austin, TX 78754	
8 PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Greak is dayer odeside of Texas. Somplete scriedale 1.
		Printing Expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/O	11	epresentative District HD
		procentative Biotilot HB
Date	Payee name	
10/26/2024	Facebook Advertising USA	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$467.64	1601 Willow Rd	
	Bldg 10	
Expenditure from corporate funds	Menlo Park, CA 94025-1453	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Greak is dayer odeside of Texas, complete conclude 1.
		Facebook Ads
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O		Christi City Council
Data	 	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Co	ode
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(see Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O		Christi City Council
	<u> </u>	

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: 4/20 Rpt: 11/27 Texas Freedom Network 00058635 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 Klein, Jim Corpus Christi City Council 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 Council Date Payee name 10/26/2024 Facebook Advertising USA Amount (\$) Payee address: City; State; Zip Code \$1,834.88 1601 Willow Rd Bldg 10 Expenditure from corporate funds Menlo Park, CA 94025-1453 **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 to benefit C/OH Plesa, Mihaela

EXPENDITURE

Complete ONLY if direct

Advertising Expense

Candidate/Officeholder name

Office sought

Facebook Ads

State Representative District HD

Office held

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 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) 00058635 Sch: 5/20 Rpt: 12/27 Texas Freedom Network 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**

	<u> </u>	
Complete ONLY if direct expenditure to benefit C/OF	1.1	e sought Office held e Representative District HD
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zi	p Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/OF		e Representative District HD
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zi	p Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/ON	1.1	e sought Office held e Representative District HD

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 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) **Texas Freedom Network** 00058635 Sch: 6/20 Rpt: 13/27 4 Date Payee name 10/26/2024 Facebook Advertising USA 6 Amount (\$) Payee address; City; State; Zip Code \$449.14 1601 Willow Rd Bldg 10 Expenditure from Menlo Park, CA 94025-1453 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Facebook Ads
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sould Zarate, Estevan Jesus "Chuy" Round F	oght Office held Rock ISD Place Place 1
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Co	ode
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/Oh	Candidate/Officeholder name Office sound Ross, Melissa Round F	ught Office held Rock ISD Place Place 2
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Co	ode
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/Oh	Candidate/Officeholder name Office sound Wei, Mingyuan "Michael" Round F	ught Office held Rock ISD Place Place 7

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: 7/20 Rpt: 14/27 Texas Freedom Network 00058635 4 Date Payee name 10/16/2024 **Ground Game Texas** 6 Amount (\$) Payee address; City; State; Zip Code \$7,500.00 780 W FM 1626 **Unit 383** Expenditure from Manchaca, TX 78652 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** Contract Canvasser Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council 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 Campos, Sylvia Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Corpus Christi City Council

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

Klein, Jim

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Food/Beverage Expense Polling Expense Travel in District 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: 8/20 Rpt: 15/27 **Texas Freedom Network** 00058635

6 Amount (\$) 7 Payee address; City; State; Zip Code Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
OF Check if travel outside of Texas. Complete Schedule T.
9 Complete ONLY if direct candidate/Officeholder name office sought corpus Christi City Council Office held Corpus Christi City Council
Date Payee name 10/26/2024 TriNet HR III, Inc
Amount (\$) Payee address; City; State; Zip Code \$14,435.37
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Staff Costs General Planning
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name 10/26/2024 TriNet HR III, Inc
Amount (\$) Payee address; City; State; Zip Code \$8,173.38 1 Park Place Suite 600 Dublin, CA 94568-7983
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Staff Salaries
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council D1

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: 9/20 Rpt: 16/27 Texas Freedom Network 00058635 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 Campos, Sylvia Corpus Christi City Council D2 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 Klein, Jim Corpus Christi City Council At-Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Corpus Christi City Council At-

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

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 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: 10/20 Rpt: 17/27 00058635 Texas Freedom Network 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 expenditure to benefit C/OF	Candidate/Officeholder name Bishop, Averie	Office soug State Rep		Office held ntative District HD
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Coo	le	
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	op of this schedule)	(b) D	Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Plesa, Mihaela	Office soug State Rep		Office held ntative District HD
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Coo	le	
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	op of this schedule)	(b)	escription Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Jordan Swift, Laurel	Office souç State Rep		Office held ntative District HD

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 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: 11/20 Rpt: 18/27 00058635 Texas Freedom Network 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 expenditure to benefit C/Ol	Candidate/Officeholder name H Zarate, Estevan Jesus "Chuy"	Office soug Round Ro	ht ck ISD Place Place 1	Office held
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Cod	e	
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	b) Description Check if travel outside o	f Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name H Ross, Melissa	Office soug Round Ro	ht ck ISD Place Place 2	Office held
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Cod	е	
corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	b) Description Check if travel outside o	f Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Wei, Mingyuan "Michael"	Office soug Round Ro	ht ck ISD Place Place 7	Office held

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 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. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/20 Rpt: 19/27 Texas Freedom Network 00058635 4 Date Payee name (see previous) 6 Amount (\$) 7 Payee address; City; State; Zip Code Expenditure from corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Carranza, Kristian	Office sou	ught Office held epresentative District HD	
Date 10/26/2024	Payee name TriNet HR III, Inc			
Amount (\$) \$9,889.69 Expenditure from corporate funds	Payee address; City; Si 1 Park Place Suite 600 Dublin, CA 94568-7983	tate; Zip Co	rode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Staff Salaries	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H McKay, Eli	Office sou	ught Office held Christi City Council	
Date	Payee name (see previous)			
Amount (\$) Expenditure from corporate funds	Payee address; City; Si	tate; Zip Co	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Campos, Sylvia	Office sou	ught Office held Christi City Council	

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: 13/20 Rpt: 20/27 **Texas Freedom Network** 00058635 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 Klein, Jim Corpus Christi City Council 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 Council Date Payee name 10/26/2024 TriNet HR III, Inc Amount (\$) Payee address: City; State; Zip Code \$7,999.04 1 Park Place Suite 600 Expenditure from Dublin, CA 94568-7983 corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

State Representative District HD

Staff Salaries

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Salaries/Wages/Contract Labor

Candidate/Officeholder name

Bishop, Averie

POLITICAL EXPENDITURES

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee Leg	al Services	Salari	-	es/Contract Labor		OTHER (enter a	category not listed a	bove)
				e Instruction Guide	explains how to	comp	olete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 14/20 Rpt: 21/27		Texas Freedor	n Network					00058635		
4	Date	5	Payee name								
	10/26/2024		TriNet HR III, I	nc							
6	Amount (\$)	7	Payee address;	City;	State; Zip	Code)				
	\$37,435.19		1 Park Place								
			Suite 600								
	Expenditure from corporate funds		Dublin, CA 945	568-7983							
8	PURPOSE	(2)	-			(h	N Description				
0	OF	(a)		ategories listed at the top s/Contract Labo		1,0	 Description Check if travel of 	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Salaries/ waye	S/Contract Labo	ı					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							Staff Salaries	;			
9	Complete ONLY if direct		Candidate/Officeh	older name	Office s	ough	t		Office he	eld	
	expenditure to benefit C/OI	¹ F	Plesa, Mihaela		State I	Repre	esentative Distri	ict	HD		
	Date		Payee name								
	10/26/2024		TriNet HR III, I	nc							
	Amount (\$)		Payee address;	City;	State; Zip	Code	<u> </u>				
	\$8,263.80		1 Park Place	City,	State, Zip	Couc	•				
	Ψ0,203.00										
_	T Expenditure from		Suite 600								
_	corporate funds		Dublin, CA 945	568-7983 							
	PURPOSE OF	(a)	Category (See Category	ategories listed at the top	p of this schedule)	(b) Description				
	EXPENDITURE		Salaries/Wage	s/Contract Labo	r		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
							Staff Salaries	:			
							Otan Galaries	•			
	Complete ONLY if direct		Candidate/Officeh	older name	Office s	ough	ıt		Office he	alų	
	expenditure to benefit C/O		Jordan Swift, La			•	esentative Distri	ict			
	5.	_									
	Date		Payee name								
	10/26/2024		TriNet HR III, I								
	Amount (\$)		Payee address;	City;	State; Zip	Code	:				
	\$7,498.34		1 Park Place								
_	Expenditure from		Suite 600								
	corporate funds		Dublin, CA 945	68-7983							
	PURPOSE	(a)	Category (See Category	ategories listed at the top	p of this schedule)	(b) Description				
	OF EXPENDITURE			s/Contract Labo			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXI ENDITORE						01-11-1-1				
							Staff Salaries	•			
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					Ц.					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeh		Office s	•			Office he	eld	
	Emportance to bottom 0/01	. 7	Zarate, Estevan	Jesus "Chuy"	Round	K00	k ISD Place Pla	ıce	1		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees 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. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/20 Rpt: 22/27 **Texas Freedom Network** 00058635 4 Date Payee name (see previous)

6 Amount (\$)	7 Payee address; City;	State; Zip Cod	de
, ,			
Expenditure from			
corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of	this echodulo)	(b) Description
OF	(See Calegories listed at the top of	inis scriedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			
9 Complete ONLY if direct	Condidate/Office helder reces	O#:	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	
	Ross, Melissa	Rouna Ro	ock ISD Place Place 2
Date	Payee name		
	(see previous)		
A (A)		O	
Amount (\$)	Payee address; City;	State; Zip Cod	de
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b) Description
EXPENDITURE			Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght Office held
expenditure to benefit C/O	^H Wei, Mingyuan "Michael"	Round Ro	ock ISD Place Place 7
Data.			
Date	Payee name		
10/26/2024	Vibe.co		
Amount (\$)	Payee address; City;	State; Zip Coo	de
\$100.00	368 9th St		
Expenditure from			
corporate funds	New York City, NY 10001		
PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description
OF	Advertising Expense	,	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	J 2 2 2 3 12 2 2		_
			Streaming Ads
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght Office held
expenditure to benefit C/O		-	
	⁻¹ Plesa, Mihaela	State Rep	presentative District HD

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 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: 16/20 Rpt: 23/27 00058635 Texas Freedom Network 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/OF	H Bishop, Averie	State Representative District HD	
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Carranza, Kristian	Office sought Office held State Representative District HD	
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Jordan Swift, Laurel	Office sought Office held State Representative District HD	

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: 17/20 Rpt: 24/27 Texas Freedom Network 00058635 4 Date Payee name 10/26/2024 Working Families 6 Amount (\$) Payee address; City; State; Zip Code \$1,500.00 77 Sands St #6 Expenditure from New York City, NY 11201 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. Polling Expense **EXPENDITURE** Phone Banking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council 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 Campos, Sylvia Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Corpus Christi City Council

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

Klein, Jim

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 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: 18/20 Rpt: 25/27 **Texas Freedom Network** 00058635 4 Date Payee name 10/26/2024 **Working Families** 6 Amount (\$) Payee address; City; State; Zip Code \$6,000.00 77 Sands St #6 Expenditure from New York City, NY 11201 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. Phone Banking

EXPENDITURE	I Holic Balking	-
		Phone Banking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Plesa, Mihaela	Office sought Office held State Representative District HD
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; Stat	e; Zip Code
corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	(b) Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bishop, Averie	Office sought Office held State Representative District HD
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; Stat	e; Zip Code
·	(a) Category (See Categories listed at the top of this s	chedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carranza, Kristian	Office sought Office held State Representative District HD

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 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: 19/20 Rpt: 26/27 00058635 Texas Freedom Network 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**

9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Jordan Swift, Lauren	Office sou State Re	ught Office held epresentative District HD
Date	Payee name		
10/26/2024	Working Families		
Amount (\$) \$1,750.00	Payee address; City; Sta 77 Sands St #6	ate; Zip Co	ode
Expenditure from corporate funds	New York City, NY 11201		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Phone Banking	schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Phone Banking
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name d Zarate, Estevan Jesus "Chuy"	Office sou Round R	ught Office held Rock ISD Place Place 1
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City; Sta	ate; Zip Co	ode
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/OH	Candidate/Officeholder name Ross, Melissa	Office sou Round R	ught Office held Rock ISD Place Place 2
Forms provided by Texas Et	hics Commission www.ethic	cs.state.tx.u	us Version V4.1.0.48da5

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/20 Rpt: 27/27 00058635 Texas Freedom Network 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 Wei, Mingyuan "Michael" Round Rock ISD Place Place 7