FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00058000 3 COMMITTEE NAME **OFFICE USE ONLY** Coastal Area Builders PAC Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6262 Weber Rd Date Hand-delivered or Date Postmarked Suite 214 Change of Address Corpus Christi, TX 78413 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Alycia NAME NICKNAME LAST **SUFFIX** Kasperitis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6262 Weber Rd STREET **ADDRESS** Suite 214 (Residence or Business) Corpus Christi, TX 78413 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6262 Weber Rd MAILING **ADDRESS** Suite 214 Corpus Christi, TX 78413 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 991-3034 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|-----------------|----------------------------|
| Coastal Area Builder | rs PAC | | 00058000 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Michael Hunter Mayor | | |
| (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.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N X check here if this report | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,097.50 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 10,500.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 4,226.73 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| | | Ms. Alycia | a Kasperitis | |
| | | Signature of Ca | | rer |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscril | bed before me, by the said _ | , ti | his the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| J 1 2. 2 | 9 | | | - 9 |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | 1 | Page 3 of 14 |
|---|---|--------------|-----------------------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Coastal Area Builders | PAC | | | 00058000 | |
| 14 COMMITTEE ACTIVITY (Attach lists on plain | Candidates (Identify by name or, if applicable, classify by party.) | | Paulette Guajardo Mayor | | |
| paper to complete this report if necessary.) | | D. 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.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Roland Barrera City Counc | il 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.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Mark Scott City Council At- | Large | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 14

| | | | | | | | | | r ago r or . | |
|----|---|---|-------------|---------------|----------------|-----------|-------------|-----------|-----------------|-----|
| 12 | COMMITTEE NAME | | | | | | 13 Filer ID | (Ethics (| Commission File | rs) |
| | Coastal Area Builders P | AC | | | | | 00058000 | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | d Carolyn Va | ughn City Cou | uncil 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. Supporte | d | | | | | | |
| | | | B. Opposed | | | | | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | | |
| | COMMITTEE | Candidates | Δ Supporto | d Larry Eliza | ndo City Coun | oil A+ L | argo | | | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | u Larry Elizo | ndo City Coun | ICII AL-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. Supporte | d | | | | | | |
| | | | B. Opposed | | | | | | | |
| | | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supporte | d Everett Ro | y City Council | District | 1 | | | |
| | (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. Supporte | d | | | | | | |
| | | | B. Opposed | | | | | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | | |
| | | Assisted (Identify by name or, if | | | | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 5 of 14

| | | | | | rage 3 01 14 |
|---|--|--------------|-------------------------------|--------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Coastal Area Builders F | PAC | | | 00058000 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Ben Molina City Council Dist | trict 2 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 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.) | | | | |
| OOMMITTEE | | | | • • • | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | Eric Cantu City Council Distr | rict 3 | |
| | applicable, classify by party.) | | | | |
| (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.) | | | | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Kaylynn Paxson City Counci | I District 4 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures | A. Supported | | | |
| | (Describe by date and location of election and nature of issue.) | | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if | | | | |
| | applicable, classify by party.) | | | | |
| | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 6 of 14

| | | | | | | | | 1 age 0 01 1 1 |
|----|---|--|--|--------|-------------------|--------------|---------------|----------------------------|
| 12 | COMMITTEE NAME | | | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Coastal Area Builders P | AC | | | | | 00058000 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Gil Hernandez City Council District 5 | | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | В. Орг | osed | | | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Sup | ported | | | | |
| | | | В. Орр | oosed | | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| | COMMITTEE | 1. Candidates | A. Sun | norted | John Marez Nuece | s County Cor | nmissioner | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | ропси | John Marez Muece | s County Cor | IIIIIISSIOHEI | |
| | (Attach lists on plain paper to complete this report if necessary.) | | В. Орр | osed | | | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Sup | ported | | | | |
| | | | В. Орр | oosed | | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Sup | ported | Mike Pusley Nuece | es County Co | mmissioner | |
| | (Attach lists on plain paper to complete this report if necessary.) | | В. Орр | oosed | | | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Sup | ported | | | | |
| | | | В. Орр | oosed | | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| | | (Identify by name or, if | | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | Page 7 01 14 |
|---|--|--|--|--|
| | | | 13 Filer ID | (Ethics Commission Filers) |
| PAC | | | 00058000 | |
| 1. Candidates (Identify by name or, if applicable, classify by party.) | | Todd Hunter State Representat | tive | |
| | 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.) | | | | |
| Candidates (Identify by name or, if applicable, classify by party.) | | Solomon Ortiz State Represent | ative | |
| | 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 | | | | |
| | | | | |
| | 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if | 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed | 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Solomon Ortiz State Represent Solomon Ortiz State Represent A. Supported Solomon Ortiz State Represent A. Supported B. Opposed A. Supported Solomon Ortiz State Represent A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Solomon Ortiz State Represent B. Opposed | AC 00058000 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Solomon Ortiz State Representative 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | | 8 of 14 |
|----------------|-----------------|--|-----------------------------|----------------------------|
| | | rea Builders PAC | 18 Filer ID 00058000 | (Ethics Commission Filers) |
| 19 SCHI NAM | EDULE E OF S | | SUBTOTAL AMOUNT | |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 1,097.50 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | R | \$ |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ |
| 9. | | SCHEDULE E: LOANS | | \$ |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 10,500.00 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ı | | | | |

| N | ONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDU | LE A1 |
|-------------|---------------------------|--|--|---------|--|--------------|
| TI | he Instru | ction Guide explains how to complete this f | form. | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 9/14 | |
| | LER NAME | a Builders PAC | | 3 | Filer ID (Ethics Commission 00058000 | on Filers) |
| 4 Da | ate 0/09/2024 | 5 Full name of contributor out-of-state PAC (ID#:_Azali, Sara (Ms.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$500.00 |
| 0 Dw | inning! | Corpus Christi, TX 78414 | Control of Control | <u></u> | | |
| | wner | pation / Job title (See Instructions) | 9 Employer (See Instructions Azali Homes | 5) | | |
| Da 10 | ate 0/08/2024 | Full name of contributor out-of-state PAC (ID#:_ Cervantes, Paul (Mr.) Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$500.00 |
| | | Corpus Chrsiti, TX 78414 | | | | |
| | incipal occu ectrician | pation / Job title (See Instructions) | Employer (See Instructions Cervantes Electric | s) | | |
| Da 10 | ate 0/08/2024 | Full name of contributor out-of-state PAC (ID#:_ Hedrick, Justin Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$97.50 |
| | | Corpus Christi, TX 78414 | 1 | Ĺ | | |
| | incipal occu ales | pation / Job title (See Instructions) | Employer (See Instructions Coastal Bend Lots | S) | | |
| | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER (enter a category not listed above)

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/5 Rpt: 10/14 | Coastal Area Builders PAC 00058000 |
| 4 Date | 5 Payee name |
| 10/18/2024 | Barrera, Roland (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$750.00 | 807 N. Upper Broadway |
| | Suite 102 |
| Expenditure from corporate funds | Corpus Christi, TX 78401 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | City Council At Large |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/18/2024 | Cantu, Eric |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | |
| Expenditure from corporate funds | TX |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, officeholder living expenses |
| | Candidate/Officeholder/Political Committee |
| | Only Courton Bloaner o |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/18/2024 | Elizondo, Larry |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$750.00 | |
| Expenditure from corporate funds | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Sity Council / Large |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | • |
| | |
| | |
| | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

| | Credit Card Payment | The Instruction Guide explains how to com | plete th | his form. | | |
|---|---|---|----------|--|----------------------|----------------------------|
| 1 | Total pages Schedule F1: Sch: 2/5 Rpt: 11/14 | FILER NAME Coastal Area Builders PAC | | T | Filer ID 00058000 | (Ethics Commission Filers) |
| 4 | Date 10/18/2024 | 5 Payee name Guajardo, Paulette (Mrs.) | | • | | |
| 6 | Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code | е | | | |
| | Expenditure from corporate funds | Corpus Christi, TX | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | scription Check if travel outside Check if Austin, TX, o | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | ht | | Office h | eld |
| | Date 10/18/2024 | Payee name Hernandez, Gil (Mr.) | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 4414 Lake Superior Dr. | e | | | |
| L | corporate funds | Corpus Christi, TX 78413 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | scription Check if travel outside Check if Austin, TX, or Ty Council Distr | officeholder living | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | ht | | Office h | eld |
| | Date 10/18/2024 | Payee name Hunter, Michael | | | | |
| | Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 7201 Pharaoh Dr. | e | | | |
| | Expenditure from corporate funds | Corpus Christi, TX 78412 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | scription Check if travel outside Check if Austin, TX, or Mayor | | • |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | ht | | Office h | eld |
| | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/5 Rpt: 12/14 | Coastal Area Builders PAC 00058000 |
| 4 Date | 5 Payee name |
| 10/18/2024 | Hunter, Todd |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 15217 SPID |
| - " | Ste. # 205 |
| Expenditure from corporate funds | Corpus Christi, TX 78418 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | State Rep |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/Ol | |
| Date | Payee name |
| 10/18/2024 | Marez, John |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | |
| Expenditure from | |
| corporate funds | TX |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Nucces county commissioner |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | o |
| Date | Payee name |
| 10/18/2024 | Molina, Ben |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | |
| Expenditure from | |
| corporate funds | TX |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Candidate/Officeholder/Political Committee |
| | , |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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 Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | |
| Sch: 4/5 Rpt: 13/14 | Coastal Area Builders PAC 00058000 |
| • | |
| 4 Date | 5 Payee name |
| 10/18/2024 | Ortiz Jr., Solomon |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | |
| | |
| Expenditure from corporate funds | TX |
| | , |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | State Rep |
| | 3.000 |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 10/18/2024 | Paxson, Kaylynn |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | |
| · | |
| Expenditure from | TV |
| corporate funds | TX |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Candidate/Officeholder/Political Committee City Council District 4 |
| | Oity Council District 4 |
| Operation ONLY if direct | Our stide to 10 ff as had done as one |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 10/18/2024 | Pusley, Mike |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | · |
| | |
| Expenditure from | TV |
| corporate funds | TX |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Contributions/Donations Made By Contributions/Contributions/Donations Made By Contributions/C |
| | Candidate/Officeholder/Political Committee |
| | Nucces County Continissioner |
| 0 1. 6 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| SAPORAMATO TO BOTTOM O/OI | |
| | |
| | |
| | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/5 Rpt: 14/14 | Coastal Area Builders PAC 00058000 |
| 4 Date | 5 Payee name |
| 10/18/2024 | Roy, Everett (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$500.00 | 14626 Red River Dr. |
| | |
| Expenditure from corporate funds | Corpus Christi, TX 78410 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EXI ENDITORE | Candidate/Officeholder/Political Committee |
| | Council District 1 |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Pausa sama |
| 10/18/2024 | Payee name |
| | Scott , Mark |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$750.00 | 338 Bermuda Place |
| Expenditure from | |
| corporate funds | Corpus Christi, TX 78411 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Oity Council At Earge |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | <u> </u> |
| Data | Daysa nama |
| Date 10/18/2024 | Payee name Vaughn , Carolyn |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$750.00 | |
| Expenditure from | |
| corporate funds | TX |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Sity Courton At Early |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | • |
| | |
| | |
| Forms provided by Tayas F | thics Commission was athics state type Version V/ 1.0.49da51f7 |