CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

| 00055130 | cs Commission Filers) | 2 Total pages filed: | | | OFFICE | USE ONLY |
|----------------------------|--|--|--|--|--|--|
| | | 39 | | | Date Received | |
| COMMITTEE NAME | Nueces County Republ | lican Executive Comr | nittee (CEC) | | ELECTRONIC 11/06/2024 | ALLY FILED |
| TREASURER NAME | Holmgreen Jr., John C | . (Mr.) | | | Date Hand-delivered o | or Date Postmarked |
| ORIGINAL REPORT TYPE | January 15 July 15 30th day before election | = | ff day after campaign trea lution report | surer resignation | Receipt # | Amount |
| | X 8th day before election | Other | (specify) | | Date Processed | |
| ORIGINAL PERIOD COVERED | Month Day Yea 09/24/2024 | ar THROUGH | Month Day 10/26/2024 | Year | Date Imaged | |
| EXPLANATION OF C | ORRECTION | | | | - | |
| ploaded due to the first r | orrect address, and the am name being in the last nam 1,735 was incorrectly ente | ne field. | | | | |
| | | | | | | |
| | | | | | | |
| AFFIDAVIT | | | ear, or affirm, under p | penalty of perjury | , that this correcte | d report is true |
| AFFIDAVIT | | and o | | | | d report is true |
| AFFIDAVIT | | and o | correct. | y and all applicates: I swear or a | ole statements: affirm, that the orig an intent to mislea | inal report |
| AFFIDAVIT | | and c | correct. Sk the box next to an Semiannual report was made in good to | y and all applicates: I swear or a faith and without formation contain swear, or affirm, at the 14th businessiginally filed is in at any error or or | ole statements: affirm, that the orig an intent to mislea ned in the report. that I am filing this as day after the da accurate or incom | inal report d or to s corrected te I learned plete. I |
| AFFIDAVIT | | and c | Semiannual report was made in good for misrepresent the interport of the report as or swear, or affirm, that filed was made in g | y and all applicates: I swear or a faith and without formation contain swear, or affirm, at the 14th businessiginally filed is in at any error or or | ole statements: affirm, that the origing an intent to misleated in the report. that I am filing this is day after the day accurate or incomplission in the report | inal report d or to s corrected te I learned plete. I |
| AFFIX NOTARY STA | AMP / SEAL ABOVE | and c | Semiannual report was made in good to misrepresent the in the reports: I report not later than that the report as or swear, or affirm, the filed was made in g | y and all applicates: I swear or a aith and without formation contain swear, or affirm, the 14th busines riginally filed is intany error or or ood faith. | ole statements: affirm, that the origing an intent to misleated in the report. That I am filing this as day after the dataccurate or incomplission in the reporting and the report and the reporting and the report and t | inal report d or to s corrected te I learned plete. I |
| AFFIX NOTARY STA | | and c | Semiannual report was made in good for misrepresent the interport of later than that the report as or swear, or affirm, that filled was made in good for significant | y and all applicates: I swear or a aith and without formation contain swear, or affirm, the 14th busines riginally filed is in at any error or or ood faith. | ole statements: affirm, that the original an intent to misleated in the report. that I am filing this as day after the day after the day accurate or incomplission in the report in th | inal report d or to s corrected te I learned plete. I t as originally |
| AFFIX NOTARY STA | AMP / SEAL ABOVE libed before me, by the sai | and control co | Semiannual report was made in good for misrepresent the interport not later than that the report as on swear, or affirm, the filed was made in good for the swear of the swear | y and all applicates: I swear or a aith and without formation contain swear, or affirm, at the 14th businestiginally filed is in at any error or or ood faith. T. John C. Holmature of Campain, this the thick the swear of the s | ole statements: affirm, that the original an intent to misleated in the report. that I am filing this as day after the day after the day accurate or incomplission in the report in th | inal report d or to s corrected te I learned plete. I t as originally |
| AFFIX NOTARY STA | ibed before me, by the sai | and control co | Semiannual report was made in good for misrepresent the interport not later than that the report as on swear, or affirm, the filed was made in good for the swear of the swear | y and all applicates: I swear or a aith and without formation contain swear, or affirm, at the 14th businestiginally filed is in at any error or or ood faith. T. John C. Holmature of Campain, this the thick the swear of the s | ole statements: affirm, that the original an intent to misleated in the report. that I am filing this as day after the day after the day accurate or incomplission in the report in th | inal report d or to s corrected te I learned plete. I t as originally |

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

FORM CEC COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00055130 3 COMMITTEE NAME **OFFICE USE ONLY** Nueces County Republican Executive Committee (CEC) Date Received **ELECTRONICALLY FILED** 11/06/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5151 Flynn Pkwy Date Hand-delivered or Date Postmarked suite 103 Change of Address Corpus Christi, TX 78411 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. John C. NAME NICKNAME LAST **SUFFIX** Holmgreen Jr. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6513 Miranda Dr STREET **ADDRESS** (Residence or Business) CORPUS CHRISTI, TX 78414 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5151 Flynn Pkwy MAILING **ADDRESS** Ste. 103 Corpus Christi, TX 78411 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 792-5534 **PHONE** REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/24/2024 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**

FORM CEC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|---|---------------|----------------------------|
| Nueces County Republ | ican Executive Com | mittee (CEC) | 00055130 |) |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Michael Hunter Mayor Corpus C | Christi | |
| (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.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOAN CONTRIBUTIONS | ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold | \$ | 0.00 |
| | | CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 19,970.16 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZ | ED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITION | CAL EXPENDITURES | \$ | 41,410.30 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICA OF THE REPORT | L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD | DAY \$ | 39,407.02 |
| OUTSTANDING LOAN TOTALS | | AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING 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. | | |
| | | Mr. John C. | Holmgreen 、 | Jr. |
| | | Signature of Car | mpaign Treası | urer |
| AFFIX NOTARY | STAMP / SEAL ABOV | Е | | |
| Sworn to and subscribed | before me, by the said | , th | nis the | day |
| | | fy which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of offi | cer administering oath |

FORM CEC ADDENDUM

Page 4 of 39

| | | | | | 1 | |
|---|---|--------------|----------------------------------|-------------------|-----------------------------|----------------------------|
| 12 COMMITTEE NAME Nueces County Republica | n Executive Committ | ee (CEC) | | | 13 Filer ID 00055130 | (Ethics Commission Filers) |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Carolyn Vaughr Corpus Christi | 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.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Larry Elizondo 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 | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jahvid Motahg Corpus Christi | 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 | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| | • | • | | | | |

FORM CEC ADDENDUM

Page 5 of 39

| 12 COMMITTEE NAME | - F | (050) | | 13 Filer ID (Ethics Commission Filers) |
|---|---|----------------|---|--|
| Nueces County Republica | n Executive Committ | ee (CEC) | | 00055130 |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Kaylynn Paxson City Council D Corpus Christi | istrict 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.) | 7 ii Gapportoa | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if | | | |
| | applicable, classify by party.) | | | |
| COMMITTEE | 1. Candidates | A. Supported | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | |
| (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 | | Gil Hernandez City CouncilDist Corpus Christi | rict 5 |
| | (Identify by name or, if applicable, classify by party.) | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Samuel Aundra Fryer School Bo Corpus Christi ISD | oard 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.) | | | |
| | | | | |

FORM CEC ADDENDUM

Page 6 of 39

| 12 COMMITTEE NAME | 13 Filer ID (Ethics Commission Filers) |
|--|--|
| Nueces County Republican Executive Committ | ee (CEC) 00055130 |
| 14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Mike Bergsma School Board At-Large Corpus Christi ISD |
| (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.) | |
| 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 |
| 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.) | Jerry Hooper School Board Place 1 Flour Bluff ISD |
| 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 |
| 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.) | Jennifer Welp School Board Place 6 Flour Bluff ISD |
| paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if | A. Supported B. Opposed Jennifer Welp School Board Place 6 Flour Bluff ISD |

FORM CEC ADDENDUM

Page 7 of 39

| | | | | 1 ago 1 e1 ee |
|---|---|--------------|---|---|
| 12 COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| Nueces County Republica | n Executive Committ | ee (CEC) | | 00055130 |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Brian Boone School Board Plac Tuloso-Midway ISD | e 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 | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| COMMITTEE | 1. Candidates | A. Supported | Republican | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | |
| (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.) | | | |
| 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 | Ballot ID:Prop A Election Date:20 The issuance of bonds for design renovating | 024-11-05 Desc:Proposition A (Streets) ning, demolishing, constructing, |
| | 3. Officeholders Assisted (Identify by name or, if | | | |
| | applicable, classify by party.) | | | |

FORM CEC ADDENDUM

Page 8 of 39

| | | | | rage o or 39 |
|---|---|----------------|---|---|
| 12 COMMITTEE NAME Nueces County Republica | n Evecutive Committ | ee (CEC) | | 13 Filer ID (Ethics Commission Filers) 00055130 |
| Nueces County Republica | . Executive Commit | .ee (CEC) | | 00055130 |
| 14 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 | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | , a cappointed | | |
| | | B. Opposed | Ballot ID:Prop B Election Date:20 | 24-11-05 Desc:Proposition B (Parks |
| | | | and | de feu de ciencia e de cere e contrato e |
| | | | Recreation) The Issuance of bond | ds for designing, demo, constructing, |
| | Officeholders Assisted (Identify by name or, if | | | |
| | applicable, classify by party.) | | | |
| COMMITTEE | 1. Candidates | A. Supported | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | |
| (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 | Ballot ID:Prop C Election Date:20 Safety) The issuance of bonds for designing, demolishing, | 24-11-05 Desc:Proposition C (Public r |
| | 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 | | |
| (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 | Ballot ID:Prop D Election Date: D Repurposing the expiring Type A | esc:Proposition D (Cultural Facilities) sales and use tax of 1/8 of 1% |
| | 3. Officeholders Assisted | | | |
| | (Identify by name or, if applicable, classify by party.) | | | |
| | _ | | | |

FORM CEC ADDENDUM

| | | | | | Page 9 of 39 |
|---|---|--------------|---|---------------------------------|---|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Nueces County Republica | n Executive Committ | ee (CEC) | | 00055130 | |
| 14 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 | Ballot ID:Prop E Election Date:20 Arterial &Collector & Recreation | 024-11-05 Desc al &Community | c:Proposition E (Streets - Facilities) Repurposing |
| | 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 | | | |
| (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 | Ballot ID:Prop F Election Date:20 Flood Control, Drainage &Coasta TypeA | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | | | | |

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3

| | | | | | 10 of 39 |
|--------------|---------|--|-----------------|------------------------|-----------------|
| 17 CC | DMMITTE | EE NAME | (Ethi | ics Commission Filers) | |
| Νι | ieces C | | | | |
| 19 SC | HEDULI | | SUBTOTAL AMOUNT | | |
| N/ | ME OF | SCHEDULE | | | SUBTUTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 19,970.16 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 41,410.30 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 10 | . X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | 972.68 |
| | | | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTIO | NS | | SCHEDUI | LE A1 |
|---|-----------------------------|---|-------------------------------------|--|-----------|--|--------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 1/18 Rpt: 11/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Cor | nmittee (CEC) | | 3 | Filer ID (Ethics Commission 00055130 | on Filers) |
| 4 | Date 10/21/2024 | 5 Full name of contributor Anderson, Patricia Gail | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Corpus Christi, TX 78411 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions | 9 | 9 Employer (See Instructions | 5) | | |
| | Date 10/01/2024 | Full name of contributor Adamson, Connor Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code |) | • | Amount of Contribution (\$) | \$26.34 |
| | Principal occu | Corpus Christi, TX 78414 pation / Job title (See Instructions | <u>)</u> | Employer (See Instructions | <u>;)</u> | | |
| | Lawyer | pano, 202 ano (200 menaene. | , | Gault Nye Quintana | -, | | |
| | Date 10/09/2024 | Full name of contributor Adamson, Sisi Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code |) | • | Amount of Contribution (\$) | \$104.42 |
| | | Corpus Christi, TX 78411 | | | | | |
| | Principal occu Homemaker | pation / Job title (See Instructions |) | Employer (See Instructions Homemaker | s) | | |
| | Date 10/08/2024 | Full name of contributor Aquino, Anthony Contributor address; City; St Corpus Christi, TX 78410 | |) | • | Amount of Contribution (\$) | \$20.24 |
| | Principal occu Pastor | pation / Job title (See Instructions |) | Employer (See Instructions Calallen Baptist | 5) | | |
| | Date 10/14/2024 | Full name of contributor BRADFORD, REBECCA Contributor address; City; St Corpus Christi, TX 78414 | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu retired | pation / Job title (See Instructions |) | Employer (See Instructions retired | 5) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | IS | | SCHEDUI | E A1 |
|---|--------------------------------|---|------------------------|---|--------|--|------------|
| | The Instruc | ction Guide explains how to | complete this for | m. | 1 | Total pages Schedule A1: Sch: 2/18 Rpt: 12/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Comm | nittee (CEC) | | 3 | Filer ID (Ethics Commission 00055130 | on Filers) |
| 4 | Date 10/22/2024 | 5 Full name of contributor Ballenger, Kimberly6 Contributor address; City; State | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$10.72 |
| _ | | Corpus Christi, TX 78414 | | | | | |
| 8 | Principal occu Small Busine | pation / Job title (See Instructions) ess Owner | 9 | Employer (See Instructions | i) | | |
| | Date 10/21/2024 | Full name of contributor Bergsma, Michael Contributor address; City; State | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Geologist | Corpus Christi, TX 78413 pation / Job title (See Instructions) | | Employer (See Instructions Self Employed | 5) | | |
| | Date 10/04/2024 | Full name of contributor Calderone, Carmen Contributor address; City; State | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$21.13 |
| | Principal occu | Corpus Christi, TX 78414 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Analyzer Ted | , | | Flint Hills Resources | | | |
| | Date 10/24/2024 | Full name of contributor Carroll, Tracey Contributor address; City; State Port Aransas, TX 78373 | | | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | () | | |
| | Date 10/06/2024 | Full name of contributor Chapa, Debbie Contributor address; City; State Corpus Christi, TX 78402 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Veteran | pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ΓΙΟΝ | IS | | SCHEDUL | E A1 |
|---|----------------------------|--|----------|---|----------------|--|-------------|
| | The Instru | ction Guide explains how to complete th | is for | m. | 1 | Total pages Schedule A1: Sch: 3/18 Rpt: 13/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | n Filers) |
| 4 | Date 10/21/2024 | 5 Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$520.87 |
| _ | District | Corpus Christi, TX 78412 | | Faralas and Constructions | <u></u> | | |
| 8 | CEO Genera | pation / Job title (See Instructions) al Counsel | 9 | Employer (See Instructions First Title Conpany | 5) | | |
| | Date 10/15/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Engineer | , , | | American Electric Powe | | | |
| | Date 10/15/2024 | Full name of contributor | ID#: |) | • | Amount of Contribution (\$) | \$20.24 |
| | | Corpus Christi, TX 78410 | | | | | |
| | Principal occu Engineer | pation / Job title (See Instructions) | | Employer (See Instructions AEP | S) | | |
| | Date 10/22/2024 | Full name of contributor out-of-state PAC (IDuArte, Andrew Contributor address; City; State; Zip Code Corpus Christi, TX 78405 | | | • | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions Olympia Construction | 5) | | |
| | Date 10/17/2024 | Full name of contributor out-of-state PAC (Eisenberg, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76104 | ID#: | | • | Amount of Contribution (\$) | \$300.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | S) | | |
| | | | <u> </u> | | | | |

| | MONET | NETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUL | E A1 |
|---|------------------------------|---|--|--------------|------------------------------------|---------|--|-------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | | 1 | Total pages Schedule A1: Sch: 4/18 Rpt: 14/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Cor | nmittee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | n Filers) |
| 4 | Date 10/17/2024 | 5 Full name of contributorElect Carolyn Vaughn Car6 Contributor address; City; St | | | | 7 | Amount of Contribution (\$) | \$700.00 |
| | | Corpus Christi, TX 78426 | | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions |) | 9 Emp | loyer (See Instructions | s) | | |
| | Date 10/08/2024 | Full name of contributor Elizondo, Larry Contributor address; City; St | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$729.10 |
| | Dringing Loon | Corpus Christi, TX 78413 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - Fmr | lover (See Instructions | <u></u> | | |
| | Consultant | pation / Job title (See Instructions |) | Self | loyer (See Instructions | o) | | |
| | Date 10/14/2024 | Full name of contributor Flanagan, Shawn Contributor address; City; St | out-of-state PAC (ID#:_ | | | • | Amount of Contribution (\$) | \$25.00 |
| | | Corpus Christi, TX 78411 | | | | | | |
| | Principal occu unemployed | pation / Job title (See Instructions |) | | loyer (See Instructions mployed | s) | | |
| | Date 10/15/2024 | Full name of contributor Flanagan, Shawn Contributor address; City; St Corpus Christi, TX 78411 | out-of-state PAC (ID#:_ ate; Zip Code | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu coach | pation / Job title (See Instructions |) | Emp retir | loyer (See Instructions ed | 5) | | |
| | Date 10/17/2024 | Full name of contributor Flanagan, Shawn Contributor address; City; St Corpus Christi, TX 78411 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Retired | pation / Job title (See Instructions | | Emp | loyer (See Instructions | 5) | | |
| | | | | 1 | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | | E A1 | | |
|---|---------------------------------|---|---|-------------|--|-----------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 5/18 Rpt: 15/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | 3 | Filer ID (Ethics Commission 00055130 | n Filers) |
| 4 | Date 10/17/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | | Corpus Christi, TX 78411 | | _ | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 10/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Fryer, Samuel Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$26.34 |
| | <u> </u> | Corpus Christi, TX 78468 | | <u></u> | | |
| | • | pation / Job title (See Instructions) rmation Administrator | Employer (See Instructions Corpus Christi Army De | | : | |
| | Date 10/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Fryer, Samuel Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$312.65 |
| | Principal occu | Corpus Christi, TX 78468 pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Candidate Ti | raining Information Administrator | Department of the Army | , | | |
| | Date 10/17/2024 | Full name of contributor out-of-state PAC (ID#:_Galvan, Ray Contributor address; City; State; Zip Code Corpus Christi, TX 78415 |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Appliance Re | pation / Job title (See Instructions) epair | Employer (See Instructions Self Employed | <u>(</u> | | |
| | Date 10/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Garner, Barbara Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | | | Amount of Contribution (\$) | \$26.34 |
| | Principal occu End of Life D | pation / Job title (See Instructions) Diula | Employer (See Instructions Self | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | | SCHEDUI | LE A1 | | |
|---|-----------------------------|---|-----------|---|--------------|--|------------|
| | The Instruc | ction Guide explains how to complete | this forr | m. | 1 | Total pages Schedule A1: Sch: 6/18 Rpt: 16/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | on Filers) |
| 4 | Date 10/17/2024 | Full name of contributor out-of-state PA Garner, Barbara Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu | Corpus Christi, TX 78411 pation / Job title (See Instructions) | l q | Employer (See Instructions | :) | | |
| • | End of Life D | | | Self Employed | •) | | |
| | Date 10/23/2024 | Full name of contributor | | | | Amount of Contribution (\$) | \$25.00 |
| | | Corpus Christi, TX 78418 | | | <u> </u> | | |
| | Contractor | pation / Job title (See Instructions) | | Employer (See Instructions Fast Eddies Dekivery | 5) | | |
| | Date 10/21/2024 | Full name of contributor out-of-state PA Gilbert Hernandez Campaign Account Contributor address; City; State; Zip Code | AC (ID#: | | | Amount of Contribution (\$) | \$350.00 |
| | | Corpus Christi, TX 78413 | | = 1 (0 1 1 1 | <u> </u> | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 10/08/2024 | Full name of contributor out-of-state PA Gonzalez, Ana Maria Contributor address; City; State; Zip Code Corpus Christi, TX 78466 | |) | | Amount of Contribution (\$) | \$26.34 |
| | Principal occu Homemaker | pation / Job title (See Instructions) | | Employer (See Instructions RETIRED | 5) | | |
| | Date 10/09/2024 | Full name of contributor out-of-state PAGraves, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO |)N: | S | | SCHEDULI | ■ A1 |
|---|----------------------------|---|-----|----------------------------|---|--|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm | 1. | 1 | Total pages Schedule A1: Sch: 7/18 Rpt: 17/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | ı Filers) |
| 4 | Date 10/15/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$62.78 |
| 8 | Principal occur | Corpus Christi, TX 78411 pation / Job title (See Instructions) | 0 | Employer (See Instructions | \ | | |
| 0 | unemployed | Jation / Job title (See Instructions) | | unemployed |) | | |
| | Date 09/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Graves, Nancy Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$5.00 |
| | | Corpus Christi, TX 78411 | | | | | |
| | Retired | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 09/26/2024 | Full name of contributor out-of-state PAC (ID#:_Graves, Nancy Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$100.00 |
| | | Corpus Christi, TX 78411 | | | | | |
| | Principal occur Retired | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 09/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Graves, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 10/21/2024 | Full name of contributor out-of-state PAC (ID#:_ Graves, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
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| | MONET | ARY POLITICAL CONT | NETART POLITICAL CONTRIBUTIONS | | | | |
|---|-------------------------------|---|--------------------------------|---|----------------|--|-----------|
| | The Instru | ction Guide explains how to co | mplete this for | n. | 1 | Total pages Schedule A1: Sch: 8/18 Rpt: 18/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee | (CEC) | | 3 | Filer ID (Ethics Commission 00055130 | n Filers) |
| 4 | Date 10/18/2024 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Corpus Christi, TX 78418 | | | | | |
| 8 | Principal occu Retired CEO | pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Date 10/13/2024 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$26.34 |
| | Principal occu Retired | Corpus Christi, TX 78418 pation / Job title (See Instructions) | | Employer (See Instructions Retired | <u> </u> ;) | | |
| | Date 10/19/2024 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$104.42 |
| | Principal occu | Corpus Christi, TX 78411 pation / Job title (See Instructions) | 1 | Employer (See Instructions | ·/ | | |
| | Driver | pation / vos tae (See instructions) | | Gulf Coastal Breeze Inc | | | |
| | Date 10/17/2024 | Holland, Glenn | of-state PAC (ID#: Code |) | | Amount of Contribution (\$) | \$26.34 |
| | Principal occu Lead Pastor | pation / Job title (See Instructions) | | Employer (See Instructions The Net Fellowship Chu | • | 1 | |
| | Date 10/10/2024 | Holmgreen, John | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$104.42 |
| | Principal occu lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIONS | | SCHEDULE A1 | | | |
|---|------------------------------|--|-------------------------------------|--|------------|--|--|
| | The Instru | ction Guide explains how to complete this form. | 1 | . Total pages Schedule A1: Sch: 9/18 Rpt: 19/39 | | | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | 3 | Filer ID (Ethics Commission 00055130 | on Filers) | | |
| 4 | Date 10/17/2024 | Full name of contributor | | Amount of Contribution (\$) | \$100.00 | | |
| | | Corpus Christi, TX 78412 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) 9 Emplo | yer (See Instructions) | | | | |
| | Date 10/06/2024 | Full name of contributor out-of-state PAC (ID#: Hovda, Deborah Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$50.00 | | |
| | Principal occu Retired | Corpus Christi, TX 78409 pation / Job title (See Instructions) Emplo | yer (See Instructions) | | | | |
| | Date 10/10/2024 | Full name of contributor out-of-state PAC (ID#: Hunter, Michael Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$52.37 | | |
| | | Corpus Christi, TX 78412 | | | | | |
| | Principal occu Consultant | | yer (See Instructions) onsulting | | | | |
| | Date 10/21/2024 | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu | pation / Job title (See Instructions) Emplo | yer (See Instructions) | | | | |
| | Date 10/13/2024 | Full name of contributor out-of-state PAC (ID#: Kerns-Collier, Mary Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | | Amount of Contribution (\$) | \$26.34 | | |
| | Principal occu Disabled | pation / Job title (See Instructions) Emplo | yer (See Instructions) | | | | |
| | | 1 | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ON | IS | | SCHEDULE | ■ A1 |
|---|------------------------------|--|----------|------------------------------------|-----------|---|-------------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 10/18 Rpt: 20/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | ı Filers) |
| 4 | Date 10/17/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$20.24 |
| 8 | Principal occur | Corpus Christi, TX 78401 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u>;)</u> | | |
| • | | ement and PCT 16 | | Self | -, | | |
| | Date 10/10/2024 | Full name of contributor out-of-state PAC (ID# Lamb, Susan Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$25.00 |
| | | Corpus Christi, TX 78401 | | | | | |
| | Principal occur Land Manag | pation / Job title (See Instructions) | | Employer (See Instructions Self | s) | | |
| | Date | Full name of contributor ut-of-state PAC (ID# | <u>.</u> | Jeii , | Г | Amount of Contribution (\$) | |
| | 10/16/2024 | Lamb, Susan Contributor address; City; State; Zip Code | | | | (,, | \$50.00 |
| | | Corpus Christi, TX 78401 | | | | | |
| | Principal occu Land Manag | pation / Job title (See Instructions) ement | | Employer (See Instructions Self | 5) | | |
| | Date 10/17/2024 | Full name of contributor out-of-state PAC (ID# Lamb, Susan Contributor address; City; State; Zip Code Corpus Christi, TX 78401 | |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Land Manag | pation / Job title (See Instructions) ement | | Employer (See Instructions Self | 5) | | |
| | Date 10/18/2024 | Full name of contributor out-of-state PAC (ID# Lamb, Susan Contributor address; City; State; Zip Code Corpus Christi, TX 78401 | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Land Manag | pation / Job title (See Instructions) ement | | Employer (See Instructions Self | 5) | | |
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| | MONET | ARY POLITICAL C | CONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|--------------------------------|--|---|------------------------------------|----------------|---|-------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 11/18 Rpt: 21/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Con | nmittee (CEC) | | 3 | Filer ID (Ethics Commissio 00055130 | n Filers) |
| 4 | Date 10/17/2024 | 5 Full name of contributor Lamb, Susan6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Corpus Christi, TX 78401 | 1 | | | | |
| 8 | Principal occu Land Manag | pation / Job title (See Instructions pement |) 9 | Employer (See Instructions Self | s) | | |
| | Date 10/15/2024 | Full name of contributor Locke, Heather Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu | Corpus Christi, TX 78401 pation / Job title (See Instructions |) | Employer (See Instructions | s) | | |
| | Date 10/15/2024 | Full name of contributor Magill, Chad Contributor address; City; St | out-of-state PAC (ID#: | | - | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Corpus Christi, TX 78414 pation / Job title (See Instructions |) | Employer (See Instructions | s) | | |
| | Director of B | susiness Development | | Buchanan Title | | | |
| | Date 10/15/2024 | Full name of contributor Mahaffey, Rodney Contributor address; City; St Corpus Christi, TX 78412 | out-of-state PAC (ID#:ate; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Retired | pation / Job title (See Instructions | | Employer (See Instructions Retired | <u> </u> s) | | |
| | Date 10/08/2024 | Full name of contributor McKee, Estella Contributor address; City; St Raymondville, TX 78580 | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$210.00 |
| | Principal occu Self employe | pation / Job title (See Instructions ed |) | Employer (See Instructions | s) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ION | IS | | SCHEDUL | E A1 |
|---|---------------------------|---|-------|---|------|---|-------------|
| | The Instruc | ction Guide explains how to complete this | s for | m. | 1 | Total pages Schedule A1: Sch: 12/18 Rpt: 22/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | n Filers) |
| 4 | Date 10/10/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | Corpus Christi, TX 78410 pation / Job title (See Instructions) | 9 | Employer (See Instructions | | | |
| | Retired | , | | Retired | , | | |
| | Date 10/21/2024 | Full name of contributor out-of-state PAC (ID Milby, Richard Contributor address; City; State; Zip Code | | | • | Amount of Contribution (\$) | \$100.00 |
| | | Corpus Christi, TX 78410 | | | | | |
| | Principal occu Pastor | pation / Job title (See Instructions) | | Employer (See Instructions Retired | s) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID Motaghi, Jahvid Contributor address; City; State; Zip Code |)#: |) | • | Amount of Contribution (\$) | \$26.34 |
| | | Corpus Christi, TX 78415 | | | | | |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions Self Employed | s) | | |
| | Date 10/17/2024 | Full name of contributor out-of-state PAC (ID Nuss, Patricia Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 10/09/2024 | Full name of contributor out-of-state PAC (ID Olsson, Natalie Contributor address; City; State; Zip Code Corpus Christi, TX 78413 | | | | Amount of Contribution (\$) | \$21.38 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULI | E A1 | |
|---|---------------------------|---|--|----------|---|------------|
| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 13/18 Rpt: 23/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | 3 | Filer ID (Ethics Commission 00055130 | n Filers) |
| 4 | Date 10/16/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$2,082.56 |
| _ | District | Corpus Christi, TX 78413 | 2 Faralassa (Garalastastis | | | |
| 8 | Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 10/17/2024 | Full name of contributor out-of-state PAC (ID#:_Olsson, Natalie Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5.52 |
| | | Corpus Christi, TX 78413 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 10/21/2024 | Full name of contributor out-of-state PAC (ID#:_ Parker, Robert Contributor address; City; State; Zip Code Corpus Christi, TX 78469 | | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 10/16/2024 | Full name of contributor out-of-state PAC (ID#:_Phalen, Martin Contributor address; City; State; Zip Code Port Aransas, TX 78373 | | | Amount of Contribution (\$) | \$104.42 |
| | • | pation / Job title (See Instructions) fety Health Physicist | Employer (See Instructions Retired |) | | |
| | Date 09/27/2024 | Full name of contributor out-of-state PAC (ID#:_Quintanilla, Michel Contributor address; City; State; Zip Code Corpus Christi, TX 78415 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Manager | pation / Job title (See Instructions) | Employer (See Instructions Navy Exchange |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTR | RIBUTION | S | | SCHEDUL | E A1 |
|---|---------------------------------|---|-----------------|--|---------------------|---|-------------|
| | The Instruc | ction Guide explains how to com | plete this forr | m. | 1 | Total pages Schedule A1: Sch: 14/18 Rpt: 24/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (0 | CEC) | | 3 | Filer ID (Ethics Commission 00055130 | n Filers) |
| 4 | Date 09/26/2024 | Full name of contributor out-of-s Ramos-Figueroa, Roberto Contributor address; City; State; Zip Co | state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$52.37 |
| 8 | Principal occu | Corpus Christi, TX 78414 pation / Job title (See Instructions) | la la | Employer (See Instructions | :) | | |
| Ü | Aircraft Exan | | | Department of the ARM | | | |
| | Date 10/26/2024 | Full name of contributor out-of-s Ramos-Figueroa, Roberto Contributor address; City; State; Zip Co | state PAC (ID#: | | | Amount of Contribution (\$) | \$52.37 |
| | D: : 1 | Corpus Christi, TX 78414 | | - 1 (0 1 : " | Ĺ | | |
| | Aircraft Exan | pation / Job title (See Instructions) niner | | Employer (See Instructions Department of the ARM | | | |
| | Date 10/06/2024 | Full name of contributor out-of-s Rickertsen, William Contributor address; City; State; Zip Co | state PAC (ID#: | | | Amount of Contribution (\$) | \$520.87 |
| | Delinational | Corpus Christi, TX 78418 | | For all and (Constructions | $\overline{\Gamma}$ | | |
| | Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
| | Date 10/19/2024 | Robert, Marianne | |) | | Amount of Contribution (\$) | \$5.52 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 10/09/2024 | Ross, Shannon | state PAC (ID#: |) | | Amount of Contribution (\$) | \$31.55 |
| | Principal occu Retired teach | pation / Job title (See Instructions) | | Employer (See Instructions Annapolis Christian Aca | | mv | |
| | Nemeu leach | | | zumapono Omionan Aca | uc. | ''y | |

| | MONET | ARY POLITICAL CONTRIBUT | IOI | NS | | SCHEDUI | LE A1 |
|---|--------------------------------|---|-------|---|----------------|---|--------------|
| | The Instruc | ction Guide explains how to complete thi | s for | m. | 1 | Total pages Schedule A1: Sch: 15/18 Rpt: 25/39 | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | on Filers) |
| 4 | Date 10/06/2024 | Full name of contributor out-of-state PAC (II Roy, Everett Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$26.34 |
| 8 | Principal occu Market Presi | Corpus Christi, TX 78410 pation / Job title (See Instructions) dent | 9 | Employer (See Instructions National Bank Trust | <u> </u> s) | | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (II Sales, James Contributor address; City; State; Zip Code corpus Christi, TX 78414 | | | | Amount of Contribution (\$) | \$21.13 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions 36th District Attorney's 0 | | ce | |
| | Date 10/09/2024 | Full name of contributor out-of-state PAC (II Schwing, Larry Contributor address; City; State; Zip Code | D#: |) | | Amount of Contribution (\$) | \$26.34 |
| | Principal occu Medicare Sa | Corpus Christi, TX 78413 pation / Job title (See Instructions) les | | Employer (See Instructions | <u> </u> s) | | |
| | Date 10/18/2024 | Full name of contributor out-of-state PAC (II Sexton, Teri Contributor address; City; State; Zip Code Corpus Christi, TX 78412 | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | <u>I</u> S) | | |
| | Date 10/17/2024 | Full name of contributor out-of-state PAC (II Sheriff J C Hooper Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | | |
|---|---|---|-------------|---|--------|--------------------------------------|-----------|
| | The Instruc | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 16/18 Rpt: 26/39 | | | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | ı Filers) |
| 4 | Date 10/01/2024 | | | | | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | CORPUS CHRISTI, TX 78414 pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Date 10/21/2024 | Full name of contributor out-of-state PAC (ID#:_ Stokes, Sandra and Dee Contributor address; City; State; Zip Code Corpus Christi, TX 78410 | | Self Employed | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occupation / Job title (See Instructions) Retired Employer (See Instruction Retired | | | | | | |
| | Date 09/30/2024 | | | | | Amount of Contribution (\$) | \$47.16 |
| | | Corpus Christi, TX 78415 pation / Job title (See Instructions) | | Employer (See Instructions | ′ | s | |
| | Date 10/24/2024 | 10/24/2024 Thompson, Bryan Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$104.42 |
| | Corpus Christi, TX 78412 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) | | | | | | |
| | Date 10/24/2024 | Full name of contributor out-of-state PAC (ID#:) Thompson, Bryan Contributor address; City; State; Zip Code Corpus Christi, TX 78412 | | | | Amount of Contribution (\$) | \$104.42 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | SCHEDULE A1 | | | | |
|---|--|---|-------------|---|-----------------------------|--------------------------------------|-----------|
| | The Instruc | ction Guide explains how to complete th | 1 | Total pages Schedule A1: Sch: 17/18 Rpt: 27/39 | | | |
| 2 | FILER NAME Nueces Cou | nty Republican Executive Committee (CEC) | | | 3 | Filer ID (Ethics Commission 00055130 | n Filers) |
| 4 | Date 10/16/2024 | | | | | Amount of Contribution (\$) | \$104.42 |
| | | CORPUS CHRISTI, TX 78411 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Date 10/13/2024 | Full name of contributor out-of-state PAC (Whiteside, Jason Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$52.37 |
| | | Corpus Christi, TX 78411 | | | | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) Estimator Pro Tech Mechanical | | | | | | |
| | Date 09/25/2024 | | | | | Amount of Contribution (\$) | \$26.34 |
| | | Corpus Christi, TX 78411 | | | | | |
| | Principal occu Contractor D | pation / Job title (See Instructions) resigner | | Employer (See Instructions Self Employed | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu Office manag | pation / Job title (See Instructions) | | Employer (See Instructions Bergstrom | <u>l</u> 5) | | |
| | Date 10/25/2024 | | | | | Amount of Contribution (\$) | \$26.34 |
| | Principal occu Contractor D | pation / Job title (See Instructions) resigner | | Employer (See Instructions Self Employed | 5) | | |
| | | - | | E-52-5 | | | |

| MOI | NETARY POLITICAL CONTRIBUTIONS | SCHEDULE | A1 |
|------------------|--|---|-----------|
| The Ir | nstruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 18/18 Rpt: 28/39 | |
| 2 FILER Nuece | NAME s County Republican Executive Committee (CEC) | 3 Filer ID (Ethics Commission F 00055130 | -ilers) |
| 4 Date 10/10/ | 5 Full name of contributor out-of-state PAC (ID#:) bennett, edward 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution (\$) | \$25.00 |
| 8 Principa | CORPUS CHRISTI, TX 78414 al occupation / Job title (See Instructions) 9 | ns) | |
| | | | |

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 | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | |
|-------------------|--|---|---|
| | · | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | | |
| | Sch: 1/10 Rpt: 29/39 | Nueces County Republican Executive Committee (CEC) 00055130 | |
| 4 | Date | 5 Payee name | |
| | 10/02/2024 | Adobe Inc. | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$45.44 | 345 Park Avenue | |
| | | | |
| | | San Jose, CA 95110 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | |
| | | Check if Austin, TX, officeholder living expense | |
| | | Software license | |
| | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| | experience to belieff C/Of | | |
| | Date | Payee name | Ī |
| | 10/21/2024 | Adobe Inc. | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$21.64 | 345 Park Avenue | |
| | | | |
| | | San Jose, CA 95110 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Software license | |
| | | Suitware license | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/Ol | · · · · · · · · · · · · · · · · · · · | |
| _ | Data | Davies wares | |
| | Date | Payee name | |
| | 10/09/2024 | Amazon.com, Inc | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$87.67 | 410 Terry Ave N | |
| | | | |
| | | Seattle, WA 98109 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | - | Check if Austin, TX, officeholder living expense Yard sign H stakes | |
| | | Talu sign it stakes | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| | | | |
| | | | |
| | | | |

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 Coi Credit Card Payment | | | Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid | pense Printir Salari | - | se s/Contract Labor | Travel in Distric Travel Out of D OTHER (enter | |
|--|---|--------------|---|-------------------------|----------|------------------------|--|----------------------------|
| 1 | Total pages Schedule F1: | | | <u> </u> | | | 3 Filer ID | (Ethics Commission Filers) |
| L | Sch: 2/10 Rpt: 30/39 | Nueces | County Republican E | xecutive Comr | nittee | (CEC) | 00055130 | |
| 4 | | 5 Payee na | me | | | | | |
| L | 09/27/2024 | Butler Si | gnature | | | | | |
| 6 | Amount (\$) | 7 Payee ad | dress; City; | State; Zip | Code | | | |
| | \$3,727.91 | 5826 Wo | ooldridge Rd | | | | | |
| | | Corpus | Christi, TX 78414 | | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the | top of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Event Ex | kpense | | | | outside of Texas. Cor | |
| | | | | | | _ | i, TX, officeholder livin | ig expense |
| | | | | | | 2,20 30t out | and roto really | |
| 9 | Complete ONLY if direct | | Officeholder name | Office s | <u> </u> | | Office h | eld |
| | expenditure to benefit C/O | - | | | | | | |
| | Date | Payee na | me | | | | | |
| | 10/24/2024 | Donorbo | x | | | | | |
| | Amount (\$) | Payee ad | dress; City; | State; Zip | Code | | | |
| | \$451.88 | 1520 Be | lle View Blvd | | | | | |
| | | #4106 | | | | | | |
| | | Alexand | ria, VA 22307 | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the | top of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Fees | | | | ш | outside of Texas. Cor ı, TX, officeholder livin | |
| | | | | | | Processing F | | g expense |
| | | | | | | 3 | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | | Officeholder name | Office s | ought | | Office h | eld |
| | Date | Payee na | me | | | | | |
| | 09/30/2024 | Gaglers | | | | | | |
| | Amount (\$) | Payee ad | dress; City; | State; Zip | Code | | | |
| | \$500.00 | 2093 Ph | iladelphia Pike | | | | | |
| | | #7468 | | | | | | |
| | | Claymor | nt, DE 19703 | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the | top of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Solicitati | on/Fundraising Expe | nse | | | outside of Texas. Cor ı, TX, officeholder livin | |
| | | | | | | | | r Political Calling for |
| | | | | | | candidate us | | 5 - |
| | Complete ONLY if direct | | Officeholder name | Office s | ought | | Office h | eld |
| | expenditure to benefit C/OH | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| | Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Jitt/Awards/Memoriai: ∟egal Services | s Expense | Salaries/Wages/Contract Labor OTHER (enter a category not listed | | | | | |
|---|---|-----|----------------|---|----------------------|--|------|-------------------------------|-------|---------------------|----------------------------|
| | oreal oural ayment | | , | The Instruction G | uide explains h | now to co | mple | te this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 3/10 Rpt: 31/39 | ا | Nueces Cou | nty Republicar | n Executive (| Committ | ee (| CEC) | | 00055130 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 10/21/2024 | (| Gaglers | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State; | Zip Co | de | | | | |
| | \$250.00 | : | 2093 Philade | elphia Pike | | | | | | | |
| | | ļ ; | #7468 | | | | | | | | |
| | | (| Claymont, D | E 19703 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See | e Categories listed at | the top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | Fundraising Ex | | , aaio, | | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | _ | | | | — | | officeholder living | |
| | | | | | | | | Phone Bankir candidates to | | | Political Calling for |
| | | | | | | | | Candidates to | us | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | andidate/Offic | eholder name | 0 | office sou | ght | | | Office he | eld |
| | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 10/21/2024 | (| Gaglers | | | | | | | | |
| | Amount (\$) | ı | Payee addres | s; City; | State; | Zip Co | de | | | | |
| | \$250.00 | : | 2093 Philade | elphia Pike | | | | | | | |
| | | i | #7468 | | | | | | | | |
| | | (| Claymont, D | E 19703 | | | | | | | |
| | PURPOSE | (a) | Category (See | e Categories listed at | the top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | undraising Ex | | | | 느 | | | plete Schedule T. |
| | | | | | | | | — | | officeholder living | |
| | | | | | | | | candidates to | | | Political Calling for |
| _ | Complete ONLY if direct | | andidato/Offic | eholder name | | office sou | aht | | | Office he | old. |
| | expenditure to benefit C/O | | andidate/Onic | enoluei name | O | ilice sou | gni | | | Office file | siu |
| | Data | | | | | | | | | | |
| | Date | | Payee name | inting Co | | | | | | | |
| | 09/30/2024 | - | Grunwald Pr | | | | | | | | |
| | Amount (\$) | l | Payee addres | | State; | Zip Co | de | | | | |
| | \$5,131.76 | ' | PO Box 321 | 9 | | | | | | | |
| | | | | | | | | | | | |
| | | _ | | sti, TX 78404 | | | | | | | |
| | PURPOSE OF | | | e Categories listed at | | edule) | (b) | Description | | | |
| | EXPENDITURE | : | Solicitation/F | undraising Ex | pense | | | | | officeholder living | plete Schedule T. |
| | | | | | | | | yard signs | ,, | | , oxponed |
| | | | | | | | | , , | | | |
| | Complete ONLY if direct | С | andidate/Offic | eholder name | 0 | office sou | ght | | | Office he | eld |
| | expenditure to benefit C/O | | | | | | - | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| l | | | | | | | | | | | |

SCHEDULE F1

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
| | | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: | |
| | Sch: 4/10 Rpt: 32/39 | Nueces County Republican Executive Committee (CEC) 00055130 |
| 4 | Date | 5 Payee name |
| | 10/15/2024 | Grunwald Printing Co. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$3,984.60 | PO Box 3219 |
| | | |
| | | Corpus Christi, TX 78404 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Printing Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Republican Absentee Mailer |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 10/18/2024 | Grunwald Printing Co. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,246.20 | PO Box 3219 |
| | | |
| | | Corpus Christi, TX 78404 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Yard Signs |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 10/22/2024 | Grunwald Printing Co. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$15,492.46 | PO Box 3219 |
| | | |
| | | Corpus Christi, TX 78404 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | NCRP Mailer |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: Sch: 5/10 Rpt: 33/39 | 2 FILER NAME Nueces County Republican Executive Committee (CEC) 3 Filer ID (Ethics Commission Filers) 00055130 |
| 4 | Date 10/22/2024 | 5 Payee name Grunwald Printing Co. |
| 6 | Amount (\$) \$1,190.34 | 7 Payee address; City; State; Zip Code PO Box 3219 |
| 8 | PURPOSE OF EXPENDITURE | Corpus Christi, TX 78404 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense . |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 10/08/2024 | Payee name Hammond, William |
| | Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code CRM software 7901 Williams Dr Apt 6902 Corpus Christi, TX 78412 |
| | 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. Check if Austin, TX, officeholder living expense Contract Labor to help at the office and run errands |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 10/15/2024 | Payee name IRS |
| | Amount (\$) \$201.17 | Payee address; City; State; Zip Code USA TAXPMT Online P.O. Box 1214 Charlotte, NC 28201-1214 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal Taxes (941/943/944) |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributing Expense 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: 6/10 Rpt: 34/39 | Nueces County Republican Executive Committee (CEC) 00055130 |
| 4 | Date | 5 Payee name |
| | 10/21/2024 | Intuit QuickBooks |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$69.29 | 2632 Marine Way |
| | | |
| | | Mountain View, CA 94043 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense QB online payment fees |
| | | QB drilline payment rees |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| _ | expenditure to benefit C/O | |
| | Date | Payee name |
| | 10/21/2024 | Intuit QuickBooks |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$128.99 | 2632 Marine Way |
| | | |
| | | Mountain View, CA 94043 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | QB payment fees |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 09/30/2024 | Lowes |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$54.71 | 1530 Airline Dr |
| | | |
| | | Corpus Christi, TX 78412 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Supplies for Event Rally Saturday 9/30 |
| | | Supplies for Everit Naily Saturday 9/30 |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
|----------|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 7/10 Rpt: 35/39 | Nueces County Republican Executive Committee (CEC) 00055130 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 09/30/2024 | Lowes | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$80.62 | 1530 Airline Dr | | | | |
| | | | | | | |
| | | Corpus Christi, TX 78412 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | | |
| | - | Check if Austin, TX, officeholder living expense Supplies for Event Rally Saturday 9/30 | | | | |
| | | Supplies for Evert Raily Saturday 9/30 | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| 9 | expenditure to benefit C/O | | | | | |
| \vdash | Data | | | | | |
| | Date | Payee name | | | | |
| | 10/15/2024 | MICROSOFT INC | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$19.19 | 1 MICROSOFT WAY | | | | |
| | | | | | | |
| | | REDMOND, WA 98052 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Software licenses | | | | |
| | | Software licenses | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · | | | | |
| | Data | David and the second se | | | | |
| | Date 10/15/2024 | Payee name MICROSOFT INC | | | | |
| | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$27.06 | 1 MICROSOFT WAY | | | | |
| | | | | | | |
| | | REDMOND, WA 98052 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Software Licenses | | | | |
| | | Sullware Licenses | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | | | | | |
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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 Glft/Awards/Memorials Expens Legal Services The Instruction Guide ex | Office Ove Polling Exp e Printing Ex Salaries/W | pense ages/Contract Labor | Transportation Travel in Distric Travel Out of D | | | |
|---|---|------------------------|---|--|------------------------------|--|------------|--|--|
| | | 1 | | tpianis now to coi | inpiete tilis lorili. | | (E.) E.) . | | |
| | ages Schedule F1: 8/10 Rpt: 36/39 | 1 | FILER NAME Nueces County Republican Executive Committee (CEC) 3 Filer ID (Ethics Commission Filers) 00055130 | | | | | | |
| 4 Date | | 5 Payee nan | <u></u> | | | l | | | |
| 10/08/ | 2024 | NationBu | | | | | | | |
| 6 Amoun | t (\$) \$359.00 | PO Box 8 | Payee address; City; State; Zip Code PO Box 811428 Los Angeles, CA 90081 | | | | | | |
| | RPOSE OF NDITURE | 1 | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CRM software | | | | | | |
| | ete <u>ONLY</u> if direct iture to benefit C/O | | Officeholder name | Office sou | ght | Office h | neld | | |
| Date | | Payee nan | ne | | | | | | |
| 10/03/ | 2024 | OOMA IN | IC | | | | | | |
| Amoun | t (\$) | Payee add | lress; City; | State; Zip Co | de | | | | |
| | \$30.93 1880 EMBARCADERO ROAD | | | | | | | | |
| | | PALO AL | TO, CA 94303 | | | | | | |
| | RPOSE OF NDITURE | | (See Categories listed at the top o erhead/Rental Expense | | <u> </u> | outside of Texas. Col , TX, officeholder livin Dhone service | | | |
| | ete <u>ONLY</u> if direct iture to benefit C/O | | Officeholder name | Office sou | yht | Office h | neld | | |
| Date 10/09/ | 2024 | Payee nan Olguin, H | | | | | | | |
| Amoun | t (\$) \$1,279.63 | Payee add | wman Ct | State; Zip Coo | de | | | | |
| | | Robstown | n, TX 78380 | | | | | | |
| | RPOSE OF NDITURE | | (See Categories listed at the top o Wages/Contract Labor | f this schedule) | ш | outside of Texas. Col , TX, officeholder livin Nonthly pay | · | | |
| | ete <u>ONLY</u> if direct iture to benefit C/O | | Officeholder name | Office sou | yht | Office h | neld | | |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| Groun Guru i ayınıcını | The Instruction Guide explains how to complete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 9/10 Rpt: 37/39 | Nueces County Republican Executive Committee (CEC) 00055130 |
| 4 Date | 5 Payee name |
| 10/02/2024 | Reich Enterprises, Inc. |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$4,350.00 | P O Box 81281 |
| | |
| | Corpus Christi, TX 78468 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| | Check if Austin, TX, officeholder living expense |
| | September & October Lease |
| O Complete ONLY if direct | Candidate/Officeholder name Office acusht |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 10/16/2024 | Spectrum |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$133.15 | 4001 Saratoga Blvd |
| | |
| | Corpus Christi, TX 78413 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| | Check if Austin, TX, officeholder living expense Internet Services |
| | internet Services |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| | |
| Date | Payee name |
| 10/02/2024 | Stich, Ron |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$52.60 | 3025 Quail Springs Rd Apt C8 |
| | |
| | Corpus Christi, TX 78414 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Coffee & donuts for Coffee Conservative |
| | Conversation every other Friday |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | • • • • • • • • • • • • • • • • • • • |
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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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Services | | | /ages | /Contract Labor | | OTHER (enter a | a category not listed above) |
|---|--|--|----------------------------|---|-----------------|-------------|------------|--|----------|----------------------|------------------------------|
| | | | | The Instruction (| Suide explain | s how to co | mple | te this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 10/10 Rpt: 38/39 | | Nueces Cou | ınty Republican Executive Committee (CEC) | | | | | 00055130 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 10/02/2024 | | | force Commis | sion | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$42.00 | | PO Box 8870 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Corpus Chri | cti TV 70460 | | | | | | | |
| Ļ | | _ | - | sti, TX 78468 | | 1 | | | | | |
| 8 | PURPOSE OF | (a) | | e Categories listed at | | chedule) | (b) | Description | | | |
| | EXPENDITURE | | Office Overh | nead/Rental Ex | /Rental Expense | | | | | | |
| | | | | | | | | Check if Austin, TX, officeholder living expense Federal Unemployment | | | |
| | | | | | | | | rederal Offer | прі | oyin c nt | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | | |
| | experiulture to beliefit C/O | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 10/09/2024 | | Texas Workforce Commission | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | Stat | e; Zip Co | de | | | | |
| | \$202.06 | | PO Box 887 | 0 | | | | | | | |
| | | | | | | | | | | | |
| | | | Corpus Chri | sti, TX 78468 | | | | | | | |
| | P. P. C. | _ | - | | | ı | <i>a</i> > | | | | |
| | PURPOSE OF | (a) | | e Categories listed at | | chedule) | (b) | Description | | d4.T O | andata Calcadula T |
| | EXPENDITURE | | Office Overh | nead/Rental Ex | pense | | | = | | officeholder living | nplete Schedule T. |
| | | | | | | | | Federal Taxe | | | |
| | | | | | | | | End of tax pe | | | |
| _ | Complete ONLY if direct | <u> </u> | Candidate/Offic | oholder name | | Office cou | abt | | | Office h | ald |
| | Complete ONLY if direct expenditure to benefit C/Ol | | Januluale/Onic | enoluer name | | Office sou | gni | | | Office II | eiu |
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 39/39 2 FILER NAME Filer ID (Ethics Commission Filers) Nueces County Republican Executive Committee (CEC) 00055130 8 Amount (\$) Date 5 Name of person from whom amount is received 10/01/2024 **Butler Signature Events LLC** \$150.00 6 Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78414 Purpose for which amount is received Check if political contribution returned to filer Deposit Returned Amount (\$) Name of person from whom amount is received Date 09/24/2024 Packeze \$822.68 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77073 Purpose for which amount is received Check if political contribution returned to filer **Returned Signs**