

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00087545	2 Total pages filed: 24	OFFICE USE ONLY	
3 COMMITTEE NAME Coastal Bend Tejano Democrats	Date Received ELECTRONICALLY FILED 01/08/2025		
4 TREASURER NAME Moeller, Becky K. (Ms.)	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Date Processed
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024

7 EXPLANATION OF CORRECTION
Expenditures not listed on cover page even though they are itemized in the report

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Jo Ann Beltran

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087545	2 Total pages filed: 24
3 COMMITTEE NAME Coastal Bend Tejano Democrats		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/08/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 60402 Corpus Christi, TX 78466		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Becky K.		
	NICKNAME LAST SUFFIX Moeller		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7217 Sparkle Sea Unit EE Corpus Christit, TX 78412		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 60402 Corpus Christi, TX 78412		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7217 Sparkle Sea Unit EE Corpus Christit, TX 78412		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 60402 Corpus Christi, TX 78412		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 923-3707		
	(512) 923-3707		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2024 06/30/2024		
	THROUGH		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	ELECTION TYPE <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Coastal Bend Tejano Democrats	13 Filer ID (Ethics Commission Filers) 00087545
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,256.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Becky K. Moeller

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Coastal Bend Tejano Democrats		18 Filer ID (Ethics Commission Filers) 00087545
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,256.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,107.34
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 5/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderas, Randy (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Constable		9 Employer (See Instructions) Nueces County
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitzel, Tim (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitzel, Vicki (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Hairstylist		Employer (See Instructions) Owner/Self Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Joe (Judge) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Nueces County
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Sylvia (Miss) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community Advocate		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 6/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 03/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Eric (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
8 Principal occupation / Job title (See Instructions) Small Business Owner		9 Employer (See Instructions) Self
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Eric (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78466	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Brianna (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78405	
Principal occupation / Job title (See Instructions) CEO Social Worker		Employer (See Instructions) Esperanza de Tejas
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, Tony (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Enrichment Group
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, Tony (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) The Enrichment Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 7/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 05/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engen, Erik (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78403	
8 Principal occupation / Job title (See Instructions) Disaster Assistance		9 Employer (See Instructions) Homeland Security
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest, Jon (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Pop's
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine M. (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Alex (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Executive Marketing Director		Employer (See Instructions) Lone Star LLC
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Marilena (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Massage Therapist		Employer (See Instructions) Coastal Bend Day Spa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 8/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, San Juan (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Division Electrical Manager		9 Employer (See Instructions) CCAC
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman and Herman <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrero, Abel (Rep.) <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Norman (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 9/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Juan (Sen.) <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Hinojosa Law Firm
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Jim (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMantia, Morgan (Sen.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 75520	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Thelma (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 10/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marez, John (Commissioner)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
8 Principal occupation / Job title (See Instructions) Comissioner		9 Employer (See Instructions) Nueces County
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marez, Rudy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moeller , Becky (Miss)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moeller, Becky (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Cinia (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 11/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Francis (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz Jr, Solomon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz Jr, Solomon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78403	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Sylvia (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Portland, TX 78374	
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) Senator Juan Chuy Hinojosa
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Connor (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 12/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Nicole (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) CCISD
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Webb Cason & Manning
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Victoria (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) CC Realty Group
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Amanda (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) TAMUCC
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Rene (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) CCISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 13/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 05/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Stephanie (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) CCISD
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santana, Henry (Judge)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Nueces County
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Juan Felipe (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ambulatory Adult Neurology
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucedo, Luis (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christy (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 14/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, John (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
8 Principal occupation / Job title (See Instructions) Mortgage Loan Officer		9 Employer (See Instructions)
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wechsler, Sharon (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, Jim (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) James C. Whitworth CPA
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, Sylvia (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre, Frank (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Nueces County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 15/24
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre, Frank (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78403	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Constable		9 Employer (See Instructions) Nueces County
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre, Giselle (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Wife		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zapata, Zulema (Miss) <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community Outreach		Employer (See Instructions) St. Benedict's Home Health

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 03/18/2024	5 Payee name Academy Sports	
6 Amount (\$) 541.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5001 South Padre Island Dr Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Bikes for Easter Egg Hunt event
Date 03/20/2024	Payee name Act Blue	
Amount (\$) 4.15 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip POBOX 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for Electronic deposit
Date 03/20/2024	Payee name Act Blue	
Amount (\$) 13.83 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip POBOX 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for electronic deposit
Date 04/20/2024	Payee name Act Blue	
Amount (\$) 19.06 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip POBOX 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for electronic deposit

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 05/01/2024	5 Payee name Act Blue	
6 Amount (\$) 1.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip POBOX 441146 Sommerville, ME 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for electronic deposit
Date 05/15/2024	Payee name Act Blue	
Amount (\$) 1.03 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip POBOX 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for electronic deposit
Date 05/22/2024	Payee name Act Blue	
Amount (\$) 2.06 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip POBOX 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for electronic deposit
Date 05/30/2024	Payee name Act Blue	
Amount (\$) 3.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip POBOX 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for electronic deposit

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 06/20/2024	5 Payee name Act Blue	
6 Amount (\$) 2.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip POBOX 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for electronic deposit
Date 03/19/2024	Payee name Alvarado, Tomas (Mr.)	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 610 Naples Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Easter Bunny
Date 01/22/2024	Payee name CBTDW	
Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 3691 Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Rent
Date 02/23/2024	Payee name Castro's Flowers	
Amount (\$) 82.87 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2101 Horne Rd Corpus Christi, TX 78416	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Sympathy flowers

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 03/19/2024	5 Payee name Den-Co Wienerschnitzel	
6 Amount (\$) 238.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2401 Ayers Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Hot dogs for Easter Egg Hunt event
Date 03/18/2024	Payee name Dollar General	
Amount (\$) 60.62 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9718 Leopard Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Easter baskets for Easter Egg Hunt event
Date 03/18/2024	Payee name Dollar General	
Amount (\$) 46.93 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9718 Leopard Corpus Christi, TX 78408	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Easter baskets and candy for Easter Egg Hunt event
Date 03/14/2024	Payee name Dollar Tree	
Amount (\$) 135.31 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5573 Saratoga Corpus Cristi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Easter baskets for Easter Egg Hunt event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 03/14/2024	5 Payee name Dollar Tree	
6 Amount (\$) 69.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5573 Saratoga Corpus Cristi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Table clothes, easter eggs, candy etc for Easter Egg Hunt event
Date 03/18/2024	Payee name Dollar Tree	
Amount (\$) 17.59 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 11330 Leopard Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Candy for Easter Egg Hunt event
Date 04/10/2024	Payee name FedEx	
Amount (\$) 24.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 201 South Padre Island Dr Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event flyer printed out
Date 04/30/2024	Payee name Frost Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Drawer 749 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank monthly fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 05/22/2024	5 Payee name Frost Bank	
6 Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Drawer 749 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly bank fee
Date 03/22/2024	Payee name Garcia, San Juan (Mr.)	
Amount (\$) 74.13 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10514 Bandera Dr Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for Easter baskets and candy for Easter Egg Hunt event
Date 04/16/2024	Payee name HEB	
Amount (\$) 84.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5313 Saratoga Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food and beverage for Membership Drive/meeting
Date 04/17/2024	Payee name HEB	
Amount (\$) 84.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5313 Saratoga Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food and beverage for Membership drive/meeting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 04/17/2024	5 Payee name HEB	
6 Amount (\$) 243.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5313 Saratoga Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food and beverage for Membership drive/meeting
Date 04/17/2024	Payee name Janet's Cakery	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5880 Everhart Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Cake for Membership drive/meeting
Date 01/24/2024	Payee name Moeller, Becky (Ms.)	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7217 Sparkle Sea Unit EE Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office expense
Date 03/01/2024	Payee name Niko's Steakhouse	
Amount (\$) 88.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5409 Saratoga Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Executive board planning meeting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 03/14/2024	5 Payee name Nueces County Democratic Party	
6 Amount (\$) 300.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 6102 Ayers Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Ad for County Convention
Date 03/27/2024	Payee name Salinas, Lori (Miss)	
Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4510 Evelyn Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Face painting
Date 03/18/2024	Payee name Sam's Club	
Amount (\$) 188.41 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4833 South Padre Island Dr Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Cupcake, water, soda's cups for Easter Egg Hunt event
Date 04/22/2024	Payee name Trophy Land	
Amount (\$) 51.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5301 Everhart Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Awards for Membership drive/meeting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 9/9 Rpt:	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 04/24/2024	5 Payee name USPS	
6 Amount (\$) 40.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 10515 Stonewall Blvd Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Postage	(b) Description (See instructions regarding type of information required.) Postage for Membership Thank you cards
Date 06/20/2024	Payee name USPS	
Amount (\$) 91.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4801 Everhart Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Renew POBOX
Date 04/16/2024	Payee name Walmart	
Amount (\$) 14.06 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5702 Weber Rd CorpusChristi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food and beverage for Membership drive/meeting
Date 03/18/2024	Payee name Walmart	
Amount (\$) 44.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6101 Saratoga CorpusChristi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Easter baskets, drinks, napkins, forks for Easter Egg Hunt event