## CORRECTION/AMENDMENT AFFIDAVIT FORM COR-DCE FOR DIRECT CAMPAIGN EXPENDITURES Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086753 77 Date Received 3 FILER NAME Cornell, Victor L. (Mr.) **ELECTRONICALLY FILED** 01/23/2025 Date Hand-delivered or Date Postmarked ORIGINAL X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed Other (specify) 8th day before election ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 10/27/2024 12/31/2024 **EXPLANATION OF CORRECTION** We had a bookkeeping service fail to provide us timely DCE wage reports for our canvassing team's wages. As soon as we had data that was verifiably correct, we updated this report and our PAC report. 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. Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_ \_\_\_\_\_\_, 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**

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

# FORM DCE COVER SHEET PG 1

The DCE Instruction G	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commission Filers 00086753	s)	2 Total pages file 7		
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY	
	Mr.	Victor L.			Date Received		
	NICKNAME	LAST		SUFFIX	ELECTRONICA	ALLY FILED	
		Cornell			01/23/2025		
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	ΓY; STATE;	ZIP CODE			
	P.O. Box 42278				Date Hand-delivered or	Date Postmarked	
Change of Address							
	Austin, TX 78704				Receipt #	Amount	
5 FILER PHONE	AREA CODE PHO	ONE NUMBER	EXTENSION		Date Processed		
	(512) 326-5655 x1004				Date Processed		
6 REPORT TYPE	X January 15	30	Oth day before election		Date Imaged		
	July 15	81	th day before election				
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		⊔ к	unoff				
7 PERIOD	Month Day Year	-	N	onth Day	Year		
COVERED	10/27/2024	TI	HROUGH	12/31/202	24		
a 51 5071011	EL FOTION DATE			EL EGTION T	) (DE		
8 ELECTION	ELECTION DATE  Month Day Year	.  ,	Primary X R	ELECTION T	YPE Other		
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<b>2</b> 511 5 D	1 0-1-1-1-1-1	A Cupported B	211 1 2 2	.:	- I Bistista		
9 FILER ACTIVITY	Candidates  (Identify by name or, if	A. Supported B	silly Lerma Corpus Ch	iristi City Cour	icii, district 1		
	applicable, classify by party.)						
(Attach lists on		B. Opposed					
plain paper to complete this							
report if necessary.)							
necessary.)	2. Measures	A. Supported					
	(Describe by date and location of election and nature of issue.)						
	nature or issue.)	B. Opposed					
		2. орросси					
	3. Officeholders						
	Assisted (Identify by name or, if						
	applicable, classify by party.)						
GO TO PAGE 2							

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

# FORM DCE COVER SHEET PG 2

10 FILER NAME			11 Filer ID	(Ethics Commission Filers)
Cornell, Victor L. (Mr.)			00086753	
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITI	CAL EXPENDITURES	\$	0.00
•	2. TOTAL POLITICAL EXPE	ENDITURES	\$	39,348.16
13 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of true and correct and includes all infunder Title 15, Election Code.	perjury, that the ac ormation required	ecompanying report is to be reported by me
		Mr Vic	tor L. Cornell	
			ture of Filer	
		Signature of individual with a	or	n behalf of entity
			ler is an entity)	Toolian or only
AFFIX NOTARY STAMP	SEAL ABOVE			
Sworn to and subscribed I	before me, by the said		, this the	day
		tness my hand and seal of office.		
Signature of officer adn	ninistering oath Printed I	name of officer administering oath	Title of office	er administering oath
Signature of officer duri	inistering out	name of officer duffillistering oddin	The of office	or daministering oddi

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

## FORM DCE ADDENDUM

Page 4 of 77

1. Candidates (dentify by name or, if applicable, classify by party)  2. Measures (describe by date and location 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 applicable, classify by party)  12 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates (identify by name or, if applicable, classify by party)  2. Measures (describe by date and location of election and nature of issue)  3. Officeholders Assisted (identify by name or, if applicable, classify by party)  4. Supported Kaylynn Paxson Corpus Christi City Code Supported (describe by date and location of election and nature of issue)  4. Supported Everett Roy Corpus Christi City Council Code Supported (describe by date and location of election and nature of issue)  5. A. Supported (describe by date and location of election and nature of issue)  6. A. Supported (describe by date and location of election and nature of issue)	86753
1. Candidates (dentify by name or, if applicable, classify by party)  2. Measures (describe by date and location 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 applicable, classify by party)  12 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates (identify by name or, if applicable, classify by party)  2. Measures (describe by date and location of election and nature of issue)  3. Officeholders Assisted (identify by name or, if applicable, classify by party)  4. Supported Kaylynn Paxson Corpus Christi City Code Supported (describe by date and location of election and nature of issue)  4. Supported Everett Roy Corpus Christi City Council Code Supported (describe by date and location of election and nature of issue)  5. A. Supported (describe by date and location of election and nature of issue)  6. A. Supported (describe by date and location of election and nature of issue)	
ACTIVITY  (Attach lists on plain 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 applicable, classify by party)  12 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates (Identify by name or, If applicable, classify by party)  1. Candidates (Identify by name or, If applicable, classify by party)  3. Officeholders Assisted (Identify by name or, If applicable, classify by party)  3. Officeholders Assisted (Identify by name or, If applicable, classify by party)  4. Supported  5. Opposed Everett Roy Corpus Christi City Council Counci	
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 applicable, classify by party)  12 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates (identify by name or, if applicable, classify by party)  B. Opposed Everett Roy Corpus Christi City Council (describe by date and location of election and nature of issue)  A. Supported	uncil District 4
(describe by date and location of election and nature of issue)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party)  12 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  A. Supported  B. Opposed  Everett Roy Corpus Christi City Councides Complete this report if necessary.  A. Supported  A. Supported  A. Supported  A. Supported  A. Supported	
3. Officeholders    Assisted    (identify by name or, if applicable, classify by party)  12 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates    (identify by name or, if applicable, classify by party)  B. Opposed Everett Roy Corpus Christi City Councillation of lection and nature of issue)  A. Supported  A. Supported	
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Officeholders     Assisted     (identify by name or, if applicable, classify by party)	
12 COMMITTEE ACTIVITY  1. Candidates (identify by name or, if applicable, classify by party)  A. Supported	
(Attach lists on plain paper to complete this report if necessary.)  B. Opposed May Nardone Mendoza Corpus Christi	City Council District 4
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)	

	SU	BT	OTALS - DCE		FORM DCE
				C	OVER SHEET PG 3 5 of 77
		R NAM ell, Vi	ME ictor L. (Mr.)	<b>15</b> Filer ID 00086753	(Ethics Commission Filers)
			E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
	1.	Х	SCHEDULE F1: POLITICAL EXPENDITURES		\$ 39,348.16
	2.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
;	3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

## POLITICAL EXPENDITURES

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide	Salaries/V	Vages/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 1/72 Rpt: 6/77	Cornell, Vic				00086753	(,
4 Date	5 Payee name	!				
11/14/2024	Barrera, En	nily				
6 Amount (\$) \$115.44	7 Payee addre	ess; City; er Broadway	State; Zip Co	ode		
Ψ113.44	OTO IN LOW	er broadway				
Expenditure from corporate funds	Corpus Ch	risti , TX 78401				
8 PURPOSE OF		see Categories listed at the top		(b) Description		
EXPENDITURE	Salaries/W	ages/Contract Labor	•	Check if travel	outside of Texas. Com	plete Schedule T.
				Wages paid knowledge o		dates without their
9 Complete ONLY if direct		iceholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OF	H Lerma, Billy		Corpus C	Christi City Counc	il	
Date	Payee name	!				
	(see previo	us)				
Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode		
Expenditure from						
corporate funds						
PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE				Check if travel	outside of Texas. Com	plete Schedule T.
Complete ONLY if direct		iceholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OF	<sup>H</sup> Paxson, Kay	rlynn	Corpus C	Christi City Counc	il	
Date	Payee name	!				
12/19/2024	Bell, Jeffers	son				
Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode		
\$1,370.25	4101 Brett	St				
Expenditure from	RO 5					
corporate funds	Corpus Ch	risti, TX 78411				
PURPOSE	(a) Category (S	see Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/W	ages/Contract Labor		Check if travel	outside of Texas. Com	plete Schedule T.
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Complete ONLY if direct		iceholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OF	<sup>⊣</sup> Lerma, Billy		Corpus C	Christi City Counc	il	

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 2/72 Rpt: 7/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City Council Date Payee name 11/07/2024 Bell, Jefferson Amount (\$) Payee address; City; State; Zip Code \$795.13 4101 Brett St RO<sub>5</sub> Expenditure from Corpus Christi, TX 78411 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their direct knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

Forms provided by Texas Ethics Commission

Expenditure from corporate funds

PURPOSE

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

www.ethics.state.tx.us

Office sought

(b) Description

Corpus Christi City Council

Check if travel outside of Texas. Complete Schedule T.

Office held

Corpus Christi City Council

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

Candidate/Officeholder name

Campos, Sylvia

Version V4.1.0.5dd2ace2

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 3/72 Rpt: 8/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnusson, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Mayor

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/72 Rpt: 9/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Bell, Jefferson Amount (\$) Payee address: City; State; Zip Code \$593.96 4101 Brett St RO<sub>5</sub> Expenditure from

Corpus Christi, TX 78411

Candidate/Officeholder name

Lerma, Billy

Salaries/Wages/Contract Labor

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

corporate funds

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Corpus Christi City Council

knowledge or consent.

Check if travel outside of Texas. Complete Schedule T.

Wages paid to benefit candidates without their

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 5/72 Rpt: 10/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City Council Date Payee name 11/21/2024 Bergemann, Dakotas Amount (\$) Payee address; City; State; Zip Code \$573.79 6925 S Padre Island Dr Apt 147 Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

**EXPENDITURE** 

Complete ONLY if direct

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 6/72 Rpt: 11/77 00086753 4 Date Payee name 11/07/2024 Bergemann, Jerseys 6 Amount (\$) Payee address; State; Zip Code \$1,008.37 6925 S Padre Island Dr Apt 147 Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to support candidates without their direct knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Syvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Magnusson, Eric

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/72 Rpt: 12/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 8/72 Rpt: 13/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Bergemann, Jerseys Amount (\$) Payee address; City; State; Zip Code \$88.28 6925 S Padre Island Dr Apt 147 Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

Complete ONLY if direct

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 9/72 Rpt: 14/77 00086753 4 Date Payee name 11/20/2024 Breeland, Amanda 6 Amount (\$) Payee address; City; State; Zip Code \$360.16 11930 Leopard St 132 Expenditure from Corpus Christi, TX 78410 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Corpus Christi City Council McKay, Eli Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Magnusson, Eric

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/72 Rpt: 15/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabell Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 11/72 Rpt: 16/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Breeland, Amanda Amount (\$) Payee address; City; State; Zip Code \$148.14 11930 Leopard St 132 Expenditure from Corpus Christi, TX 78410 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

Complete ONLY if direct

Office sought

Corpus Christi City Council

## **POLITICAL EXPENDITURES** SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 12/72 Rpt: 17/77 00086753 4 Date Payee name 11/20/2024 Cantu, Gavin 6 Amount (\$) Payee address; City; State; Zip Code \$1,496.50 3502 Lynnwood Expenditure from Corpus Christi, TX 78415 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T

EXPENDITURE	Salaries/wages/Contract Labor			of rexas. Complete Schedule 1.
			Wages in support knowledge or con	of candidates without their sent
9 Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office held
expenditure to benefit C/O	<sup>H</sup> McKay, Eli	Corpus Ch	risti City Council	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code	e	
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	Description  Check if travel outside	e of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Campos, Sylvia	Office sough	nt risti City Council	Office held Corpus Christi City Council
	r	Corpus Cri	Tisti City Couriei	Corpus Criristi City Couricii
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code	е	
Expenditure from corporate funds				
PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	Description  Check if travel outside	e of Texas. Complete Schedule T.
EXPENDITURE				

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/72 Rpt: 18/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabell Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 14/72 Rpt: 19/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Cantu, Gavin Amount (\$) Payee address; City; State; Zip Code \$511.05 3502 Lynnwood Expenditure from Corpus Christi, TX 78415 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge and consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council

Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 15/72 Rpt: 20/77 00086753 4 Date Payee name 11/07/2024 Causey, Jalen 6 Amount (\$) Payee address; State; Zip Code \$1,321.74 1701 Ennis Joslin Rd Apt 921 Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Magnusson, Eric

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/72 Rpt: 21/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabell Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 17/72 Rpt: 22/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Causey, Jalen Amount (\$) Payee address; City; State; Zip Code \$539.55 1701 Ennis Joslin Rd Apt 921 Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

Complete ONLY if direct

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 18/72 Rpt: 23/77 00086753 4 Date Payee name 11/07/2024 Cheney, Braeden 6 Amount (\$) Payee address; City; State; Zip Code \$688.80 8033 S Padre Island Dr, Apt 320 Apt 320 Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Magnusson, Eric

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/72 Rpt: 24/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabell Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 20/72 Rpt: 25/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Cheney, Braeden Amount (\$) Payee address; City; State; Zip Code \$18.62 8033 S Padre Island Dr, Apt 320 Apt 320 Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

Complete ONLY if direct

Office sought

Corpus Christi City council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 21/72 Rpt: 26/77 00086753 4 Date Payee name 11/20/2024 Clowdus, Kayley 6 Amount (\$) Payee address; City; State; Zip Code \$1,054.71 6130 Coralridge Dr Expenditure from Corpus Christi, TX 78413 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

Magnusson, Eric

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/72 Rpt: 27/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 23/72 Rpt: 28/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Clowdus, Kayley Amount (\$) Payee address; City; State; Zip Code \$488.24 6130 Coralridge Dr Expenditure from Corpus Christi, TX 78413 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

Complete ONLY if direct

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 24/72 Rpt: 29/77 00086753 4 Date Payee name 11/07/2024 Cunningham, Deonte 6 Amount (\$) Payee address; City; State; Zip Code \$2,693.42 6334 South Padre Island Dr, Apt G Apt G Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Magnusson, Eric

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/72 Rpt: 30/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 26/72 Rpt: 31/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Cunningham, Deonte Amount (\$) Payee address; City; State; Zip Code \$1,161.11 6334 South Padre Island Dr, Apt G Apt G Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

Complete ONLY if direct

Office sought

Corpus Christi Clty Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 27/72 Rpt: 32/77 00086753 4 Date Payee name 12/31/2024 Cunningham, Deonte 6 Amount (\$) Payee address; City; State; Zip Code \$1,852.83 6334 South Padre Island Dr, Apt G Apt G Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in benefit to candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

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

City:

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

Candidate/Officeholder name

DAKOTA, BERGEMANN

CORPUS CHRISTI, TX 78408

Salaries/Wages/Contract Labor

Candidate/Officeholder name

McKay, Eli

Paxson, Kaylynn

Payee address:

357 Brooks Dr

Payee name

(b) Description

Corpus Christi City Council

(b) Description

Corpus Christi City council

knowledge or consent.

Office sought

State; Zip Code

Office sought

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

Wages in support of candidates without their direct

Office held

Office held

Expenditure from corporate funds

PURPOSE

OF

**EXPENDITURE** 

Date

11/07/2024

Amount (\$)

Expenditure from

corporate funds

PURPOSE

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Complete ONLY if direct

expenditure to benefit C/OH

\$2,658.12

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/72 Rpt: 33/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnusson, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/72 Rpt: 34/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi City Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

# POLITICAL EXPENDITURES EXPENDITUR Advertising Expense

SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services  The Instruction Guide explains h	Salaries/Wages/Contract Labor now to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 30/72 Rpt: 35/77	Cornell, Victor L. (Mr.)		00086753
4 Date	5 Payee name		
11/07/2024	De Santiago-Young, Dena		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$698.82	PO Box 81258		
Expenditure from corporate funds	Corpus Christi, TX 78468		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sche		
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T.
		Wages paid knowledge o	in support of candidates without their r consent.
9 Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/O	H McKay, Eli C	orpus Christi City Counc	il
Date	Payee name		
	(see previous)		
Amount (\$)		Zip Code	
Αποαπί (Ψ)	rayee address, City, State,	Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sche	·	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate/Officeholder name O	 ffice sought	Office held
expenditure to benefit C/O		orpus Christi City Counc	
	Campos, Sylvia C	——————————————————————————————————————	Corpus Critisti City Couricii
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF	(a) Category (See Categories listed at the top of this sche	′ I <u> </u>	outside of Texas. Complete Schedule T.
EXPENDITURE			
Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/O	<sup>H</sup> Magnusson, Eric C	orpus Christi City Counc	il

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/72 Rpt: 36/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 32/72 Rpt: 37/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 De Santiago-Young, Dena Amount (\$) Payee address; City; State; Zip Code \$368.21 PO Box 81258 Expenditure from Corpus Christi, TX 78468 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

OF

**EXPENDITURE** 

Complete ONLY if direct

Office sought

Corpus Christi City Council

Check if travel outside of Texas. Complete Schedule T.

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 33/72 Rpt: 38/77 00086753 4 Date Payee name 12/31/2024 De Santiago-Young, Dena 6 Amount (\$) Payee address; City; State; Zip Code \$1,505.27 PO Box 81258 Expenditure from Corpus Christi, TX 78468 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in benefit to candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

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

City;

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

3310 Rodd Field Rd, Apt 4305

Salaries/Wages/Contract Labor

Corpus Christi, TX 78414

Candidate/Officeholder name

Candidate/Officeholder name

Paxson, Kaylynn

Payee address;

Apt 4305

McKay, Eli

Evans, Jazmeyne

Payee name

(b) Description

Corpus Christi City Council

(b) Description

Corpus Christi City Council

knowledge or consent.

Office sought

State; Zip Code

Office sought

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

Wages paid in support of candidates without their

Office held

Office held

\$572.48

Expenditure from corporate funds

PURPOSE

OF

**EXPENDITURE** 

Date

11/07/2024

Amount (\$)

Expenditure from corporate funds

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Complete ONLY if direct

expenditure to benefit C/OH

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 34/72 Rpt: 39/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnusson, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/72 Rpt: 40/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

### **POLITICAL EXPENDITURES** SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/72 Rpt: 41/77 00086753 Cornell, Victor L. (Mr.) 4 Date Payee name 11/21/2024 Evans, Jazmeyne 6 Amount (\$) Payee address; City; State; Zip Code \$164.19 3310 Rodd Field Rd, Apt 4305 Apt 4305 Expenditure from Corpus Christi, TX 78414 corporate funds

8	OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	Description  Check if travel outside of Texas. Complete Schedule T.  Wages paid to benefit candidates without their knowledge or consent.
9	Complete ONLY if direct expenditure to benefit C/Oh		Office soug Corpus Cl	ht Office held nristi City Council
	Date	Payee name (see previous)		
	Amount (\$)  Expenditure from	Payee address; City; State;	Zip Coo	le
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	edule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/Oh		Office soug Corpus Cl	ht Office held nristi City Council
	Date	Payee name		
	12/19/2024	Fain, Laramie		
	Amount (\$) \$324.93  Expenditure from corporate funds	Payee address; City; State; 1035 Wilshire Pl  Corpus Christi, TX 78411	Zip Coo	le
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Wages paid to benefit candidates without their knowledge or consent
	Complete ONLY if direct expenditure to benefit C/Oh		Office soug Corpus Cl	ht Office held nristi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 37/72 Rpt: 42/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City Council Date Payee name 11/07/2024 Fain, Laramie Amount (\$) Payee address; City; State; Zip Code \$681.71 1035 Wilshire Pl Expenditure from Corpus Christi, TX 78411 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

Forms provided by Texas Ethics Commission

Expenditure from corporate funds

PURPOSE

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

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Office sought

(b) Description

Corpus Christi City Council

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Candidate/Officeholder name

Campos, Sylvia

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 38/72 Rpt: 43/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnusson, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Mayor

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 39/72 Rpt: 44/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Fain, Laramie Amount (\$) Payee address: City; State; Zip Code \$305.45 1035 Wilshire Pl Expenditure from corporate funds Corpus Christi, TX 78411 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor

Candidate/Officeholder name

Lerma, Billy

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Wages paid in benefit to candidates without their

Office held

knowledge or consent.

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 40/72 Rpt: 45/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City Council Date Payee name 11/07/2024 Garcia, Tena Amount (\$) Payee address; City; State; Zip Code \$181.32 2317 Light Wind Dr Expenditure from Corpus Christi, TX 78414 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

expenditure to benefit C/OH

Complete ONLY if direct

Expenditure from corporate funds

PURPOSE

OF

**EXPENDITURE** 

Candidate/Officeholder name Campos, Sylvia

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

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Corpus Christi City Council

(b) Description

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 41/72 Rpt: 46/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnusson, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Mayor

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 42/72 Rpt: 47/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Garcia, Tena Payee address; Amount (\$) City; State; Zip Code \$115.61 2317 Light Wind Dr Expenditure from corporate funds Corpus Christi, TX 78414 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Salaries/Wages/Contract Labor

Candidate/Officeholder name

Lerma, Billy

Check if travel outside of Texas. Complete Schedule T.

knowledge or consent.

Wages paid in benefit to candidates without their

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 43/72 Rpt: 48/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City council Date Payee name 12/19/2024 Gonzales, Isabella Amount (\$) Payee address; City; State; Zip Code \$244.60 1773 Ennis Joslin Rd, 2102-D Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

Complete ONLY if direct

Office sought

Corpus Christi City Council

#### **POLITICAL EXPENDITURES** SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 44/72 Rpt: 49/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name 11/07/2024 Gonzales, Isabella 6 Amount (\$) Payee address; State; Zip Code \$772.90 1773 Ennis Joslin Rd, 2102-D Expenditure from Corpus Christi, TX 78412 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (cae provious)

	(See previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	· I	f Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought Corpus Christi City Council	Office held Corpus Christi City Council
Date	Payee name (see previous)		
Amount (\$)  Expenditure from corporate funds	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche		f Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought Corpus Christi City Council	Office held

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 45/72 Rpt: 50/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 46/72 Rpt: 51/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Gonzales, Isabella Amount (\$) Payee address; City; State; Zip Code \$210.93 1773 Ennis Joslin Rd, 2102-D Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in benefit to candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

**EXPENDITURE** 

Complete ONLY if direct

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 47/72 Rpt: 52/77 00086753 4 Date Payee name 11/07/2024 Gonzales, Jose 6 Amount (\$) Payee address; City; State; Zip Code \$475.14 1701 Ennis Joslin Rd, Apt. 921 Apt 921 Expenditure from Corpus Christi, TX 78412 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Magnusson, Eric

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 48/72 Rpt: 53/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 49/72 Rpt: 54/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/04/2024 Gutierrez, Liza Amount (\$) Payee address; City; State; Zip Code \$1,107.75 610 N Lower Broadway Expenditure from Corpus Christi, TX 78401 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent.

Forms provided by Texas Ethics Commission

Complete ONLY if direct

Date

Amount (\$)

Expenditure from corporate funds

PURPOSE

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

expenditure to benefit C/OH

Candidate/Officeholder name

Candidate/Officeholder name

Campos, Sylvia

City;

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

McKay, Eli

Payee name (see previous)

Payee address;

Office sought

State; Zip Code

Office sought

Corpus Christi City Council

(b) Description

Corpus Christi City Council

Corpus Christi City Council

Office held

Check if travel outside of Texas. Complete Schedule T.

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 50/72 Rpt: 55/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnusson, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Mayor

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 51/72 Rpt: 56/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Gutierrez, Liza Amount (\$) Payee address: City; State; Zip Code \$342.81 610 N Lower Broadway Expenditure from corporate funds Corpus Christi, TX 78401 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE**

Candidate/Officeholder name

Lerma, Billy

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Wages paid in benefit to candidates without their

Office held

knowledge or consent.

## **POLITICAL EXPENDITURES** SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 52/72 Rpt: 57/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

EXPENDITURE			Check if travel outside	e of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name  Paxson, Kaylynn	Office sou Corpus C	ght Christi City Council	Office held
Date 11/07/2024	Payee name Gutierrez, Nicole			
Amount (\$) \$67.87	Payee address; City; Sta 4217 Harry St	ite; Zip Co	de	
Expenditure from corporate funds	Corpus Christi, TX 78412			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this salaries/Wages/Contract Labor	schedule)	<b>Ш</b> Wages paid in su	e of Texas. Complete Schedule T.  pport of candidates without their
Complete ONLY if direct	Candidate/Officeholder name	Office sou	knowledge or con	Office held
expenditure to benefit C/Oh			Christi City Council	Office field
Date	Payee name (see previous)			
Amount (\$)	Payee address; City; Sta	ite; Zip Co	de	
corporate funds  PURPOSE	(a) Catagoni		(b) Description	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this	schedule)	(b) Description  Check if travel outside	e of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate/Officeholder name	Office sou		Office held
expenditure to benefit C/O	1 Campos, Sylvia	Corpus C	Christi City Council	Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 53/72 Rpt: 58/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnusson, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Mayor

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 54/72 Rpt: 59/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 12/31/2024 Lebowitz, Aryeh Amount (\$) Payee address: City; State; Zip Code \$482.20 6121 Boca Raton Dr Expenditure from corporate funds Corpus Christi, TX 78413 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Salaries/Wages/Contract Labor

Candidate/Officeholder name

Lerma, Billy

Check if travel outside of Texas. Complete Schedule T.

knowledge or consent.

Wages paid in benefit to candidates without their

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 55/72 Rpt: 60/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City Council Date Payee name 11/14/2024 Muenster, Mark Amount (\$) Payee address; City; State; Zip Code \$115.44 610 N Lower Broadway Expenditure from Corpus Christi, TX 78401 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages to paid benefit candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

**EXPENDITURE** 

Complete ONLY if direct

Office sought

Corpus Christi City Council

#### **POLITICAL EXPENDITURES** SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00086753 Sch: 56/72 Rpt: 61/77 Cornell, Victor L. (Mr.) 4 Date Payee name 11/07/2024 Newman, Abigail 6 Amount (\$) Payee address; City; State; Zip Code \$342.43 8033 S Padre Island Dr, Apt 320 Apt 320 Expenditure from Corpus Christi, TX 78412 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates with their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council

Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State	e; Zip Code	
corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci	· · · · · · · · · · · · · · · · · · ·	f Texas. Complete Schedule T.
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OI	H Campos, Sylvia	Corpus Christi Clty Council	Corpus Christi City Council
Date	Payee name (see previous)		
Amount (\$)  Expenditure from corporate funds	Payee address; City; State	e; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci	· · · · · · · · · · · · · · · · · · ·	f Texas. Complete Schedule T.
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OI	<sup>H</sup> Magnussen, Eric	Corpus Christi City Council	

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 57/72 Rpt: 62/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Clty Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 58/72 Rpt: 63/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 12/19/2024 Richardson, Zion Amount (\$) Payee address; City; State; Zip Code \$1,046.70 3118 Quebec Dr Expenditure from Corpus Christi, TX 78414 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

expenditure to benefit C/OH Paxson, Kaylynn

Expenditure from corporate funds

PURPOSE

OF

**EXPENDITURE** 

Complete ONLY if direct

Office sought

(b) Description

Corpus Christi City Council

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Candidate/Officeholder name

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 59/72 Rpt: 64/77 00086753 4 Date Payee name 11/07/2024 Richardson, Zion 6 Amount (\$) Payee address; City; State; Zip Code \$2,678.87 3118 Quebec Dr Expenditure from Corpus Christi, TX 78414 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Corpus Christi City Council McKay, Eli Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

Expenditure from corporate funds

PURPOSE

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Corpus Christi City Council

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Candidate/Officeholder name

Magnussen, Eric

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 60/72 Rpt: 65/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi Clty Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gracia, Jennifer

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 61/72 Rpt: 66/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Richardson, Zion Amount (\$) Payee address; City; State; Zip Code \$835.39 3118 Quebec Dr Expenditure from Corpus Christi, TX 78414 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in benefit to candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lerma, Billy Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

expenditure to benefit C/OH Paxson, Kaylynn

Candidate/Officeholder name

OF

**EXPENDITURE** 

Complete ONLY if direct

Office sought

Corpus Christi City Council

Check if travel outside of Texas. Complete Schedule T.

# **POLITICAL EXPENDITURES**

# 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

1

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

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

The Instruction Guide explains how to complete this form.						
Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)	
Sch: 62/72 Rpt: 67/77		Cornell, Victor L. (Mr.)		00086753		
Date	5	Payee name				
12/31/2024		Richardson, Zion				

Sch: 62/72 Rpt: 67/77	Cornell, Victor L. (Mr.)	00086753			
4 Date	5 Payee name				
12/31/2024	Richardson, Zion				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
\$495.00	3118 Quebec Dr				
Expenditure from					
corporate funds	Corpus Christi, TX 78414				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.			
		Wages paid in benefit to candidates without their			
		knowledge or consent.			
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held			
expenditure to benefit C/O	H Lerma, Billy Corpus	s Christi City Council			
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.			
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held			
expenditure to benefit C/OI	<sup>H</sup> Paxson, Kaylynn Corpus	s Christi City Council			
Date	Payee name				
11/07/2024	Ruel, Leslie				
Amount (\$) Payee address; City; State; Zip Code					
\$263.24	5442 Bonham St				
Expenditure from					
corporate funds	Corpus Christi, TX 78415				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.			
		Wages in support of candidates without their			
		knowledge or consent.			
Complete ONLY if direct	Candidate/Officeholder name Office s	 ought Office held			
expenditure to benefit C/O		S Christi City Council			

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 63/72 Rpt: 68/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnussen, Eric Corpus Christi Clty Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Klein, Jim

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Clty Council

Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 64/72 Rpt: 69/77 Cornell, Victor L. (Mr.) 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Araiza, Isabel Corpus Christi Mayor Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Caballero, Rachel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

# POLITICAL EXPENDITURES

# SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee L	Legal Services  The Instruction Guide e	Salaries/W	/ages/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 65/72 Rpt: 70/77	Cornell, Victo	or L. (Mr.)			00086753	
4 Date	5 Payee name					
11/21/2024	Ruel, Leslie					
6 Amount (\$)	7 Payee addres	s; City;	State; Zip Co	de		
\$182.91	5442 Bonha	m St				
Expenditure from						
corporate funds	Corpus Chris	sti, TX 78415				
8 PURPOSE	(a) Category (See	e Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wa	ges/Contract Labor		Check if travel	outside of Texas. Com	plete Schedule T.
				Wages paid i knowledge o		ndidates without their
9 Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OF	<sup>⊣</sup> Lerma, Billy		Corpus C	Christi City Counci	il	
Date	Payee name					
	(see previou	s)				
Amount (\$)	Payee addres	s; City;	State; Zip Co	de		
( )		,	, ,			
Expenditure from corporate funds						
PURPOSE	(a) Category (See		1	(b) Description		
OF	Category (See	e Categories listed at the top	of this schedule)	_	outside of Texas. Com	plete Schedule T.
EXPENDITURE				_		
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	•	Office he	eld
expenditure to benefit C/OF	T Paxson, Kayly	/nn	Corpus C	Christi City Counci	il	
Date	Payee name					
12/19/2024	Trejo Chave	z, Aline				
Amount (\$)	Payee addres	s; City;	State; Zip Co	de		
\$1,084.23	1035 Wilshir	e PL				
Expenditure from corporate funds	Corpus Chris	sti, TX 78411				
PURPOSE	(a) Category (Ser	e Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE		ges/Contract Labor	,	Check if travel	outside of Texas. Com	plete Schedule T.
EX EXECUTE				Wage paid +	to hanofit candi	dates without their
				knowledge o	r consent.	dates without their
Complete <u>ONLY</u> if direct	Candidate/Offic	eholder name	Office sou		Office he	ald
expenditure to benefit C/OF		enduel name		gnı Christi City Counci		สน
				Annote Oily Couries	•	

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 66/72 Rpt: 71/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City Council Date Payee name 11/07/2024 Trejo Chavez, Aline Amount (\$) Payee address; City; State; Zip Code \$2,171.71 1035 Wilshire PL Expenditure from Corpus Christi, TX 78411 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid in support of candidates without their knowledge or consent. Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campos, Sylvia Corpus Christi City Council Corpus Christi City Council

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 67/72 Rpt: 72/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnussen, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Mayor

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 68/72 Rpt: 73/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Trejo Chavez, Aline Amount (\$) Payee address: City; State; Zip Code \$732.15 1035 Wilshire PL Expenditure from corporate funds Corpus Christi, TX 78411 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE**

Candidate/Officeholder name

Lerma, Billy

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Wages paid in benefit to candidates without their

Office held

knowledge or consent.

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 69/72 Rpt: 74/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi City Council Date Payee name 11/07/2024 Vuong, Hunter Amount (\$) Payee address; City; State; Zip Code \$979.04 610 N Lower Broadway Expenditure from Corpus Christi, TX 78401 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Wages paid to benefit candidates without their knowledge or consent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH McKay, Eli Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

Candidate/Officeholder name

Campos, Sylvia

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Corpus Christi City Council

Check if travel outside of Texas. Complete Schedule T.

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 70/72 Rpt: 75/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Magnussen, Eric Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klein, Jim Corpus Christi City Council Corpus Christi City council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Araiza, Isabel

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi Mayor

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cornell, Victor L. (Mr.) Sch: 71/72 Rpt: 76/77 00086753 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Gracia, Jennifer Corpus Christi City council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Caballero, Rachel Corpus Christi City Council Date Payee name 11/21/2024 Vuong, Hunter Amount (\$) Payee address; City; State; Zip Code \$260.65 610 N Lower Broadway Expenditure from corporate funds Corpus Christi, TX 78401 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor

Candidate/Officeholder name

Lerma, Billy

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Wages paid in benefit to candidates without their

Office held

knowledge or consent.

# POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 72/72 Rpt: 77/77 00086753 Cornell, Victor L. (Mr.) 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Paxson, Kaylynn Corpus Christi Clty Council