

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

| | | | |
|--|--|--|------------------------------|
| 1 Filer ID (Ethics Commission Filers) 00088639 | 2 Total pages filed: 17 | OFFICE USE ONLY | |
| 3 COMMITTEE NAME TCE VoteClean.org | Date Received ELECTRONICALLY FILED 01/23/2025 | | |
| 4 TREASURER NAME Leal, Jose Rodrigo (Mr.) | Date Hand-delivered or Date Postmarked | | |
| 5 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | Receipt # |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 10th day after campaign treasurer resignation | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Dissolution report | Amount |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Other (specify) _____ | Date Processed |
| 6 ORIGINAL PERIOD COVERED | Month Day Year 12/06/2024 | THROUGH | Month Day Year 12/31/2024 |
| Date Imaged | | | |

7 EXPLANATION OF CORRECTION
 There were several entries that were entered for the PAC that should have been entered for our organization's DCE report. Those items were deleted at the same time corrections were made to the DCE report.

8 AFFIDAVIT

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

Check the box next to any and all applicable statements:

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

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

Mr. Jose Rodrigo Leal

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | |
|---|--|--|-----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088639 | 2 Total pages filed: 17 |
| 3 COMMITTEE NAME TCE VoteClean.org | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 01/23/2025 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 42278 Austin, TX 78704 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | Mr. | Jose Rodrigo | |
| | NICKNAME | LAST | SUFFIX |
| | | Leal | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4812 Eastdale Drive Austin, TX 78723 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4812 Eastdale Drive Austin, TX 78723 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (512) | 660-9499 | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 12/06/2024 THROUGH 12/31/2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 12/14/2024 | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME TCE VoteClean.org | 13 Filer ID (Ethics Commission Filers) 00088639 |
|---|---|

| | | |
|---|--|---|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Billy Lerma Corpus Christi City Council District 1 |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | |
|-------------------------------|--|--------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 15,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 41,548.10 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 82,483.25 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 30,000.00 |

16 AFFIDAVIT

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

Mr. Jose Rodrigo Leal

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 4 of 17

| | | |
|---|--|---|
| 12 COMMITTEE NAME TCE VoteClean.org | | 13 Filer ID (Ethics Commission Filers) 00088639 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Kaylynn Paxson Corpus Christi City Council District 4 B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported B. Opposed Everett Roy Corpus Christi City Council District 1 |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported B. Opposed May Nardone Mendoza Corpus Christi City Council District 4 |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

SUBTOTALS - GPAC

| | | |
|---|---|---|
| 17 COMMITTEE NAME TCE VoteClean.org | | 18 Filer ID (Ethics Commission Filers) 00088639 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 15,000.00 |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 40,538.65 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 1,009.45 |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C1: Sch: 1/1 Rpt: 6/17 |
| 2 FILER NAME TCE VoteClean.org | | 3 Filer ID (Ethics Commission Filers) 00088639 |
| 4 Date 12/16/2024 | 5 Corporation / Labor Organization name Local jobs and Economic Development | 7 Amount of contribution (\$) \$15,000.00 |
| | 6 Corporation / Labor Organization address; City; State; Zip Code Dover, DE 19901 | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/8 Rpt: 7/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 |
| 4 Date 12/31/2024 | 5 Payee name Alvarado, Beatriz | |
| 6 Amount (\$) \$432.96 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 910 Ohio Avenue Apt 2 Corpus Christi, TX 78404 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages to benefit candidates without their knowledge or consent. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |
| Date 12/31/2024 | Payee name (see previous) | |
| Amount (\$) <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council |
| Date 12/31/2024 | Payee name Benavides, Cody | |
| Amount (\$) \$334.88 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 7422 San Remo Ct Corpus Christi, TX 78414 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages paid to benefit candidates without their knowledge or consent |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/8 Rpt: 8/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council |
| | Office held | |
| Date 12/31/2024 | Payee name Burks, Isaiah | |
| Amount (\$) \$2,586.93 | Payee address; City; State; Zip Code 7117 Wood Hollow Dr Apt 728 Austin, TX 78731 | |
| <input type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages paid to benefit candidates without their knowledge or consent. |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |
| | Office held | |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council |
| | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 3/8 Rpt: 9/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 |
| 4 Date 12/31/2024 | 5 Payee name Clowdus, Charlie | |
| 6 Amount (\$) \$544.05 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 6130 Coralridge Dr Corpus Christi, TX 78413 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages paid to benefit candidate without their knowledge or consent |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |
| Date 12/31/2024 | Payee name (see previous) | |
| Amount (\$) <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council |
| Date 12/31/2024 | Payee name Cota, Ale | |
| Amount (\$) \$1,370.20 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6635 S Staples St #1214 Corpus Christi, TX 78413 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages paid to benefit candidate without their knowledge or consent. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 4/8 Rpt: 10/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council |
| Date 12/31/2024 | Payee name Espino, Jennifer | |
| Amount (\$) \$148.50 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1805 Amazon Dr Corpus Christi, TX 78412 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages paid to benefit candidate without their knowledge or consent. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |
| Date | Payee name (see previous) | |
| Amount (\$) <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 5/8 Rpt: 11/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 |
|--|--|--|

| | |
|-----------------------------|--|
| 4 Date 12/31/2024 | 5 Payee name Hensiek, Autumn |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$717.60 | 7 Payee address; City; State; Zip Code 325 Louisiana Ave Corpus Christi, TX 78404 |
|----------------------------------|--|

Expenditure from corporate funds

| | | |
|---------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages to benefit candidates paid without their knowledge or consent. |
|---------------------------------|--|--|

| | | | |
|---|---|--|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council | Office held |
|---|---|--|-------------|

| | |
|------|------------------------------|
| Date | Payee name (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 schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|--|--|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council | Office held |
|--|--|--|-------------|

| | |
|--------------------|------------------------------|
| Date 12/11/2024 | Payee name Kelly Graphics |
|--------------------|------------------------------|

| | |
|----------------------------|---|
| Amount (\$) \$33,521.88 | Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746 |
|----------------------------|---|

Expenditure from corporate funds

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and mailing of materials to support candidates without their knowledge. |
|-------------------------------|---|--|

| | | | |
|--|---|--|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council | Office held |
|--|---|--|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 6/8 Rpt: 12/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Laylynn | Office sought Corpus Christi City Council |
| | Office held | |
| Date 12/31/2024 | Payee name Schneider, Robin | |
| Amount (\$) \$242.92 | Payee address; City; State; Zip Code 2609 Sherwood Lane Austin, TX 78704 | |
| <input type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages paid to benefit candidates without their knowledge or consent |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |
| | Office held | |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council |
| | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 7/8 Rpt: 13/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 |
| 4 Date 12/31/2024 | 5 Payee name Thomas, Leewana | |
| 6 Amount (\$) \$125.49 | 7 Payee address; City; State; Zip Code 4527 Osage Ave Philadelphia, PA 19143 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages paid to benefit candidate without their knowledge or consent |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |
| | Office held | |
| Date 12/31/2024 | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Jaxson, Kaylynn | Office sought Corpus Christi City Council |
| | Office held | |
| Date 12/31/2024 | Payee name Toren, Cuauhtemoc | |
| Amount (\$) \$513.24 | Payee address; City; State; Zip Code 7103 Circle S Rd Austin, TX 78745 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages paid to benefit candidate without their knowledge or consent. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |
| | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

| | | | |
|---|---|--|-------------|
| 1 Total pages Schedule F1: Sch: 8/8 Rpt: 14/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 | |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|----------------------------------|--|-------------|
| 1 Total pages Schedule F4: Sch: 1/3 Rpt: 15/17 | | 2 FILER NAME TCE VoteClean.org | | 3 Filer ID (Ethics Commission Filers) 00088639 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution Ramp (Visa) | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$268.89 | (b) Date of Charge 12/06/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name Scale to Win | | (b) Payee address; City, State, Zip Code 13742 Harper St. Santa Ana, CA 92703 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Advertising expenses on behalf of candidates who were not aware of or consulted the expenditures. | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name Lerma, Billy | | Office sought Corpus Christi City Council | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name (see previous) | | (b) Payee address; City, State, Zip Code | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name Paxson, Kaylynn | | Office sought Corpus Christi City Council | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$439.51 | (b) Date of Charge 12/06/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name ARC Documents Solutions | | (b) Payee address; City, State, Zip Code 822 Leopard St. Corpus Christi, TX 78401 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description Printing and mailing on behalf of candidates without their knowledge or awareness. | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name Lerma, Billy | | Office sought Corpus Christi City Council | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|---|---|----------------------------------|---|---|
| 1 | Total pages Schedule F4: Sch: 2/3 Rpt: 16/17 | 2 | FILER NAME TCE VoteClean.org | 3 | Filer ID (Ethics Commission Filers) 00088639 |
| 4 | CREDIT CARD ISSUER | Name of financial institution | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 | PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name (see previous) | | (b) Payee address; City, State, Zip Code | |
| 8 | PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | | Office sought Corpus Christi City Council | Office held |
| 6 | PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$148.32 | (b) Date of Charge 12/06/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name ARC Documents Solutions | | (b) Payee address; City, State, Zip Code 822 Leopard St. Corpus Christi, TX 78401 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description Printing and mailing on behalf of these candidates without their knowledge or awareness. | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | | Office sought Corpus Christi City Council | Office held |
| 6 | PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name (see previous) | | (b) Payee address; City, State, Zip Code | |
| 8 | PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Laylynn | | Office sought Corpus Christi City Council | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F4: Sch: 3/3 Rpt: 17/17 | 2 FILER NAME TCE VoteClean.org | 3 Filer ID (Ethics Commission Filers) 00088639 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$152.73 | (b) Date of Charge 12/10/2024 |
| | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | (a) Payee name ARC Documents Solutions | (b) Payee address; City, State, Zip Code 822 Leopard St. Corpus Christi, TX 78401 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Printing and Mailing on behalf of candidates without their knowledge or awareness. |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Lerma, Billy | Office sought Corpus Christi City Council |
| | Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged | (b) Date of Charge |
| | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | (a) Payee name (see previous) | (b) Payee address; City, State, Zip Code |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Paxson, Kaylynn | Office sought Corpus Christi City Council |
| | Office held | |