CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088639 17 Date Received COMMITTEE TCE VoteClean.org **ELECTRONICALLY FILED** NAME 01/23/2025 TREASURER Leal, Jose Rodrigo (Mr.) NAME 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 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 12/06/2024 12/31/2024 **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 ____ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form

Needed To Report And Explain Corrections

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
TCE VoteClean.org			00088639	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Billy Lerma Corpus Christi City	/ Council Dist	rict 1
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	41,548.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	82,483.25
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	30,000.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Jose F	Rodrigo Leal	
		Signature of Cal	mpaign Treasui	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

		Page 4 of 17
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
TCE VoteClean.org		00088639
14 COMMITTEE 1. Candidate (Identify by name applicable, classic	or, if	son Corpus Christi City Council District 4
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date location of election ature of issue.)	and	
	B. Opposed	
3. Officehold Assisted (Identify by name applicable, classi	or, if	
COMMITTEE ACTIVITY 1. Candidate (Identify by name applicable, classi	or, if	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed Everett Roy	Corpus Christi City Council District 1
Measures (Describe by date location of election atture of issue.)	and	
	B. Opposed	
3. Officehold Assisted (Identify by name applicable, classi	or, if	
COMMITTEE ACTIVITY 1. Candidate (Identify by name applicable, classic	or, if	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed May Nardon	e Mendoza Corpus Christi City Council District 4
Measures (Describe by date location of election ature of issue.)	and	
	B. Opposed	
3. Officehold Assisted (Identify by name	or, if	
applicable, classi		

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

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

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	2 FILER NAME		3	Filer ID (Ethics Commission Filers)	
	TCE VoteCle	ar	n.org		00088639
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)
	12/16/2024		Local jobs and Economic Development		\$15,000.00
		6	Corporation / Labor Organization address; City; State; Zip Code		
			Dover, DE 19901		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
Sch: 1/8 Rpt: 7/17	TCE VoteClean.org 00088639	
4 Date	5 Payee name	
12/31/2024	Alvarado, Beatriz	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$432.96	910 Ohio Avenue	
	Apt 2	
Expenditure from corporate funds	Corpus Christi, TX 78404	
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.	
	Check if Austin, TX, officeholder living expense Wages to benefit candidates without their knowledges	ne.
	or consent.	,0
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data	<u> </u>	_
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.	
	Check if Austin, TX, officeholder living expense	
One of the ONE Wife disease	Our distance (Office health annual and office a country of the cou	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Paxson, Kaylynn Corpus Christi City Council	
'	Paxson, Kaylynn Corpus Christi City Council	
Date	Payee name	
12/31/2024	Benavides, Cody	
Amount (\$)	Payee address; City; State; Zip Code	
\$334.88	7422 San Remo Ct	
Expenditure from corporate funds	Corpus Christi, TX 78414	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	
EXPENDITURE	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/OI	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/Or	H Lerma, Billy Corpus Christi City Councnil	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 8/17	TCE VoteClean.org	00088639
4 Date	5 Payee name	·
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Glock at Assault 174, Smooth Sadd 1889, 214, 2112
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held
expenditure to benefit C/OI		Christi City Council
Date	Payee name	
12/31/2024	Burks, Isaiah	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$2,586.93	7117 Wood Hollow Dr	
	Apt 728	
Expenditure from corporate funds	Austin, TX 78731	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wages paid to benefit candidates without their
		knowledge or consent.
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		Christi City Council
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Co	ode
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.
EXPENDITORL		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	Light Office held
expenditure to benefit C/OI		Christi City Council
	. 33	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 9/17	TCE VoteClean.org	00088639
4 Date	5 Payee name	
12/31/2024	Clowdus, Charlie	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$544.05	6130 Coralridge Dr	
- Evnanditura from		
Expenditure from corporate funds	Corpus Christi, TX 78413	
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.
		Check if Austin, TX, officeholder living expense Wages paid to benefit candidate without their
		knowledge or consent
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		Christi City Council
Date	Payee name	
Date	(see previous)	
Amount (\$)	Payee address; City; State; Zip Co	de
Amount (4)	rayee address, City, State, Zip Co	ue
Expenditure from		
corporate funds	1	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	¹ Paxson, Kaylynn Corpus C	Christi City Council
Date	Payee name	
12/31/2024	Cota, Ale	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,370.20	6635 S Staples St	
	#1214	
Expenditure from corporate funds	Corpus Christi, TX 78413	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		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/OI	Candidate/Officeholder name Office sou	-
experientare to benefit or or	Lerma, Billy Corpus C	Christi City Council

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete 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 (\$)	7 Payee address; City; State; Zip C	ode
Expenditure from corporate funds		,
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol Paxson, Kaylynn Corpus	ught Office held Christi City Council
Date 12/31/2024	Payee name Espino, Jennifer	
Amount (\$) \$148.50	Payee address; City; State; Zip C 1805 Amazon Dr	ode
Expenditure from corporate funds	Corpus Christi, TX 78412	To .
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages paid to benefit candidate without their knowledge or consent.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office solution Corpus	ught Office held Christi City Council
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office solder Paxson, Kaylynn Corpus	ught Office held Christi City Council

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explain	s how to co	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 11/17	TCE VoteClean.org			00088639
4	Date	5 Payee name			•
	12/31/2024	Hensiek, Autumn			
6	Amount (\$)	7 Payee address; City; Stat	te; Zip Co	de	
	\$717.60	325 Louisiana Ave			
	Expenditure from corporate funds	Corpus Christi, TX 78404			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this s	schedule)	(b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Wages to benefit candidates paid without their
					knowledge or consent.
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ht	Office held
	expenditure to benefit C/OI	[−] Lerma, Billy			ti City Council
	Date	Payee name			
		(see previous)			
	Amount (\$)		te; Zip Co	10	
	γιποαπε (Φ)	r dyce dddress, City, Cita	ic, 2ip 00	10	
Г	Expenditure from corporate funds				
_	PURPOSE	(0) 0-4		(h)	Description
	OF	(a) Category (See Categories listed at the top of this s	schedule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou		Office held
	expenditure to benefit C/OI	¹ Paxson, Kaylynn	Corpus C	hris	ti City Council
	Date	Payee name			
	12/11/2024	Kelly Graphics			
	Amount (\$)	Payee address; City; Stat	te; Zip Co	de	
	\$33,521.88	1409 Quaker Ridge			
	- Consorditure from				
Χ	Expenditure from corporate funds	Austin, TX 78746			
	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense			Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					Printing and mailing of materials to support candidates without their knowledge.
	Complete ONLY if direct	Candidate/Officeholder name	Office sour		Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office sour		ti City Council
				13	. 5.5 550.151

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/8 Rpt: 12/17	TCE VoteClean.org 00088639
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 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 EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Paxson, Laylynn Corpus Christi City Council
Date	Payee name
12/31/2024	Schneider, Robin
Amount (\$)	Payee address; City; State; Zip Code
\$242.92	2609 Sherwood Lane
ΨΣ-τΣ.32	2000 Onorwood Lane
Expenditure from	A
corporate funds	Austin, TX 78704
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Wages paid to benefit candidates without their
	knowledge or consent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Lerna, 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	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Paxson, Kaylynn Corpus Christi City Council

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/8 Rpt: 13/17	TCE VoteClean.org	00088639
4 Date	5 Payee name	•
12/31/2024	Thomas, Leewana	
6 Amount (\$) \$125.49	7 Payee address; City; State; Zip C 4527 Osage Ave	code
X Expenditure from corporate funds	Philadelphia, PA 19143	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wages paid to benefit candidate without their knowledge or consent
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H Lerma, Billy Corpus	Christi City Council
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip C	code
Amount (ϕ)	r ayee address, City, State, Zip C	ouc
Expenditure from corporate funds		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		-
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	-
experiantific to belieff 6/01	H Jaxson, Kaylynn Corpus	Christi City Council
Date	Payee name	
12/31/2024	Toren, Cuauhtemoc	
Amount (\$)	Payee address; City; State; Zip C	code
\$513.24	7103 Circle S Rd	
X Expenditure from corporate funds	Austin, TX 78745	
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.
		Check if Austin, TX, officeholder living expense Wages paid to benefit candidate without their
		knowledge or consent.
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		Christi City Council

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

Candid	ons/ Donations Made By ate/Officeholder/Politica d Payment	/ - Il Cor		ials Expense Guide explains h		ages/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
	ges Schedule F1:	2	FILER NAME					iler ID	(Ethics Commission F	ilers)
Sch: 8	/8 Rpt: 14/17		TCE VoteClean.org				(00088639		
4 Date		5	Payee name							
			(see previous)							
6 Amount ((\$)	7	Payee address; City;	State;	Zip Co	de				
Expendi corporat	ture from e funds									
	POSE	(a)	Category (See Categories listed	at the top of this sche	dule)	(b) Description				
)F DITURE					_			olete Schedule T.	
						Check if Austin,	IX, C	fficeholder living	expense	
0 0 :	- ONLY " "	<u> </u>	David data 10 m . 1 . 1 . 1	=	· · ·	-1-4		655	1-l	
9 Complete expendite	e <u>ONLY</u> if direct ure to benefit C/OI		Candidate/Officeholder name		ffice sou	ght hristi City Council		Office he	ela .	
			Paxson, Kaylynn		orpus C	Tiristi City Courici				

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:			3 Filer ID (Ethics Commission Filers)						
	Sch: 1/3 Rpt: 15/17	TCE VoteClean.org	00088639							
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED					
	ISSUER	Ramp (Visa)		EXPENDITURES CHARGED TO A CREDIT		 \$				
Ļ	DAY/44717	() 4 () 4	[(1) p / (2)	CARD	0 17 0 11	<u> </u>				
6	PAYMENT Expenditure from	(a) Amount Charged (b) Date of Charge (c) Date(s) Cr		Credit Card Issuer	r Paid					
	corporate funds	\$268.89	12/06/2024							
7	PAYEE	PAYEE (a) Payee name			ddress;	City,	State,	Zip Code		
		Scale to Win	Scale to Win		13742 Harper St.					
				Santa Ana	a, CA 92703					
8	PURPOSE OF	(a) Category		(b) Descript	ion					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Advertising expenses on behalf of candidates who were no						
	X Political	Advertising Expense aware of or consulted the			or consulted the	expenditures.				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	' г	Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
	xpenditure to benefit C/OH	Lerma, Billy Corpus Christi City Co			ity Council					
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
	Expenditure from corporate funds									
PAYEE		(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		(see previous)								
PURPOSE OF		(a) Category		(b) Descript	ion					
	EXPENDITURE	(See Categories listed at the top of this schedule)		(b) Boompt						
	Political									
Non-Political		(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct				ce sought Office held						
expenditure to benefit C/OH		* * * * * * * * * * * * * * * * * * * *		rpus Christi City Council						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	r Paid					
	Expenditure from corporate funds	\$439.51	12/06/2024							
Т	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
			822 Leopard St.							
		ARC Documents Solutions								
		!		Corpus Christi, TX 78401						
PURPOSE OF		(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top of this schedule) Printing Expense		Printing and mailing on behalf of candidates without their						
I	X Political	g Expense	knowledge or awareness.							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.						officeholder living exp	ense			
Complete ONLY if direct Candidate/Officeholder name Office sought						Office held				
е	expenditure to benefit C/OH	Lerma, Billy	Corp	ous Christi C	ity Council					

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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filer						
Sch: 2/3 Rpt: 16/17	TCE VoteClean.org		00088639					
4 CREDIT CARD ISSUER	Name of final	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
Expenditure from corporate funds								
7 PAYEE	(a) Payee name	(b) Payee a	(b) Payee address; City, State,			Zip Code		
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Descript	ion				
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	. [Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	ice sought	e sought Office held					
expenditure to benefit C/OH	Paxson, Kaylynn Corpus Christi City Counc			ity Council				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
Expenditure from corporate funds	\$148.32	12/06/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	ARC Documents Solutions		822 Leopa	822 Leopard St.				
			Corpus Ch	Corpus Christi, TX 78401				
PURPOSE OF	(a) Category	1 ' '	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Printing Expense		Printing and mailing on behalf of these candidates without their knowledge or awareness.					
Non-Political	(c) Check if travel outside	<u>-</u> '	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	e sought Office held						
expenditure to benefit C/OH	Lerma, Billy	pus Christi City Council						
PAYMENT	(a) Amount Charged (b) Date of Charge		(c) Date(s)	(c) Date(s) Credit Card Issuer Paid				
Expenditure from corporate funds								
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
(see previous)								
PURPOSE OF	(a) Category		(b) Descript	ion				
EXPENDITURE	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held			
expenditure to benefit C/OH	Paxson, Laylynn	Co	rpus Christi C	ity Council				
·								

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

The Instruction Guide explains how to complete this form.									
1	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
	Sch: 3/3 Rpt: 17/17	TCE VoteClean.org			00088639				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRICARD	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid				
	Expenditure from corporate funds	\$152.73	12/10/2024						
7	PAYEE	(a) Payee name ARC Documents So	olutions	(b) Payee address; 822 Leopard St.	City,	State,	Zip Code		
┕		() 2		Corpus Christi, TX 78	3401				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Description Printing and Mailing on behalf of candidates without their knowledge or awareness.					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought Office held					
е	xpenditure to benefit C/OH	Lerma, Billy Corp		ous Christi City Council					
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I					
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		(see previous)							
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description					
Political									
Non-Political		1	of Texas. Complete Schedule T.		in, TX, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
е	xpenditure to benefit C/OH	Paxson, Kaylynn	Corp	us Christi City Council					