

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) 00016377	2 Total pages filed: 25	
3 COMMITTEE NAME Corpus Christi American Federation Of Teachers COPE			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025 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 4455 S. Padre Island Dr., Ste. 48 Corpus Christi, TX 78411-5115			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Nancy S. ----- NICKNAME LAST SUFFIX Vera			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4455 S. Padre Island Dr., Ste. 48 Corpus Christi, TX 78411-5115			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 855-0482			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Corpus Christi American Federation Of Teachers COPE	13 Filer ID (Ethics Commission Filers) 00016377
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 85.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 330.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,436.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Dr. Nancy S. Vera

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 25

17 COMMITTEE NAME Corpus Christi American Federation Of Teachers COPE		18 Filer ID (Ethics Commission Filers) 00016377
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 330.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3.56
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/20 Rpt: 4/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, David <hr/> 6 Contributor address; City; State; Zip Code Corp Christi, TX 78403-0295	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, David <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78403-0295	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, David <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78403-0295	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, David <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78403-0295	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, David <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78403-0295	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/20 Rpt: 5/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 06/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, David 6 Contributor address; City; State; Zip Code Corp Christi, TX 78403-0295	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Veronica Contributor address; City; State; Zip Code Corp Christi, TX 78413-3403	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Veronica Contributor address; City; State; Zip Code Corp Christi, TX 78413-3403	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Veronica Contributor address; City; State; Zip Code Corp Christi, TX 78413-3403	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Veronica Contributor address; City; State; Zip Code Corp Christi, TX 78413-3403	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/20 Rpt: 6/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Veronica 6 Contributor address; City; State; Zip Code Corp Christi, TX 78413-3403	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Veronica Contributor address; City; State; Zip Code Corp Christi, TX 78413-3403	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bost, Karyn Contributor address; City; State; Zip Code San Antonio, TX 78240-3356	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bost, Karyn Contributor address; City; State; Zip Code San Antonio, TX 78240-3356	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bost, Karyn Contributor address; City; State; Zip Code San Antonio, TX 78240-3356	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/20 Rpt: 7/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 04/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bost, Karyn <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240-3356	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bost, Karyn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-3356	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bost, Karyn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-3356	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Marcela <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363-3953	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Marcela <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363-3953	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/20 Rpt: 8/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Marcela 6 Contributor address; City; State; Zip Code Kingsville, TX 78363-3953	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Marcela Contributor address; City; State; Zip Code Kingsville, TX 78363-3953	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Marcela Contributor address; City; State; Zip Code Kingsville, TX 78363-3953	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Marcela Contributor address; City; State; Zip Code Kingsville, TX 78363-3953	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Norma Contributor address; City; State; Zip Code Corp Christi, TX 78414-3562	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/20 Rpt: 9/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 02/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Norma 6 Contributor address; City; State; Zip Code Corp Christi, TX 78414-3562	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Norma Contributor address; City; State; Zip Code Corp Christi, TX 78414-3562	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Norma Contributor address; City; State; Zip Code Corp Christi, TX 78414-3562	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Norma Contributor address; City; State; Zip Code Corp Christi, TX 78414-3562	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Norma Contributor address; City; State; Zip Code Corp Christi, TX 78414-3562	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/20 Rpt: 10/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Corp Christi, TX 78412-2956	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Cynthia <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78412-2956	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sally <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78411-2304	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sally <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78411-2304	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sally <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78411-2304	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/20 Rpt: 11/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 04/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sally <hr/> 6 Contributor address; City; State; Zip Code Corp Christi, TX 78411-2304	7 Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sally <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78411-2304	Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Soledad <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78405-2260	Amount of Contribution (\$) <div style="text-align: right;">\$2.00</div>
Principal occupation / Job title (See Instructions) Paraprofessional		Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Soledad <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78405-2260	Amount of Contribution (\$) <div style="text-align: right;">\$2.00</div>
Principal occupation / Job title (See Instructions) Paraprofessional		Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Soledad <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78405-2260	Amount of Contribution (\$) <div style="text-align: right;">\$2.00</div>
Principal occupation / Job title (See Instructions) Paraprofessional		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/20 Rpt: 12/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 04/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Soledad 6 Contributor address; City; State; Zip Code Corp Christi, TX 78405-2260	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Paraprofessional		9 Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Soledad Contributor address; City; State; Zip Code Corp Christi, TX 78405-2260	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Paraprofessional		Employer (See Instructions) Corpus Christi ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Soledad Contributor address; City; State; Zip Code Corp Christi, TX 78405-2260	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Paraprofessional		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Glenn Contributor address; City; State; Zip Code Corp Christi, TX 78411-4831	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Glenn Contributor address; City; State; Zip Code Corp Christi, TX 78411-4831	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/20 Rpt: 13/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Glenn <hr/> 6 Contributor address; City; State; Zip Code Corp Christi, TX 78411-4831	7 Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Glenn <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78411-4831	Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Glenn <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78411-4831	Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Glenn <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78411-4831	Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Malia <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78413-5622	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/20 Rpt: 14/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 02/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Malia 6 Contributor address; City; State; Zip Code Corp Christi, TX 78413-5622	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Malia Contributor address; City; State; Zip Code Corp Christi, TX 78413-5622	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Malia Contributor address; City; State; Zip Code Corp Christi, TX 78413-5622	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Malia Contributor address; City; State; Zip Code Corp Christi, TX 78413-5622	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Malia Contributor address; City; State; Zip Code Corp Christi, TX 78413-5622	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/20 Rpt: 15/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Brigitte 6 Contributor address; City; State; Zip Code Corp Christi, TX 78414-5815	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Brigitte Contributor address; City; State; Zip Code Corp Christi, TX 78414-5815	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Brigitte Contributor address; City; State; Zip Code Corp Christi, TX 78414-5815	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Brigitte Contributor address; City; State; Zip Code Corp Christi, TX 78414-5815	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Brigitte Contributor address; City; State; Zip Code Corp Christi, TX 78414-5815	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/20 Rpt: 16/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 06/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Brigitte 6 Contributor address; City; State; Zip Code Corp Christi, TX 78414-5815	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Catherine Contributor address; City; State; Zip Code Corp Christi, TX 78414-4445	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Catherine Contributor address; City; State; Zip Code Corp Christi, TX 78414-4445	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Catherine Contributor address; City; State; Zip Code Corp Christi, TX 78414-4445	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Catherine Contributor address; City; State; Zip Code Corp Christi, TX 78414-4445	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/20 Rpt: 17/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Catherine <hr/> 6 Contributor address; City; State; Zip Code Corp Christi, TX 78414-4445	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Catherine <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78414-4445	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Daniel <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Calallen ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Daniel <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Calallen ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Daniel <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Calallen ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/20 Rpt: 18/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 04/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Daniel <hr/> 6 Contributor address; City; State; Zip Code Portland, TX 78374-2642	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Calallen ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Daniel <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Calallen ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Daniel <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Calallen ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Danielle <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Danielle <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/20 Rpt: 19/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Danielle 6 Contributor address; City; State; Zip Code Portland, TX 78374-2642	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Danielle Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Danielle Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Danielle Contributor address; City; State; Zip Code Portland, TX 78374-2642	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Emma Contributor address; City; State; Zip Code Corp Christi, TX 78411-2139	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/20 Rpt: 20/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 02/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Emma <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2139	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Emma <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2139	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Emma <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2139	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Emma <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2139	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherspoon, William <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) <div style="text-align: right;">\$3.00</div>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Gregory-Portland ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/20 Rpt: 21/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 02/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherspoon, William 6 Contributor address; City; State; Zip Code Portland, TX 78374	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Gregory-Portland ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherspoon, William Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Gregory-Portland ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherspoon, William Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Gregory-Portland ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherspoon, William Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Gregory-Portland ISD
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherspoon, William Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Gregory-Portland ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/20 Rpt: 22/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarria, Patricia 6 Contributor address; City; State; Zip Code Corp Christi, TX 78411-2535	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarria, Patricia Contributor address; City; State; Zip Code Corp Christi, TX 78411-2535	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarria, Patricia Contributor address; City; State; Zip Code Corp Christi, TX 78411-2535	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarria, Patricia Contributor address; City; State; Zip Code Corp Christi, TX 78411-2535	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarria, Patricia Contributor address; City; State; Zip Code Corp Christi, TX 78411-2535	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/20 Rpt: 23/25
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 06/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarria, Patricia <hr/> 6 Contributor address; City; State; Zip Code Corp Christi, TX 78411-2535	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Corpus Christi American Federation Of Teachers COPE	3 Filer ID (Ethics Commission Filers) 00016377
4 Date 02/21/2025	5 Payee name Bill Highway	
6 Amount (\$) 0.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5435 Corporate Drive STE 300 Troy, MI 48098	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Draft Fees
Date 04/10/2025	Payee name Bill Highway	
Amount (\$) 0.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5435 Corporate Drive Ste 300 Troy, MI 48098	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Draft Fees
Date 01/07/2025	Payee name Bill Highway	
Amount (\$) 0.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5435 Corporate Drive Ste 300 Troy, MI 48098	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Draft Fee
Date 02/05/2025	Payee name Bill Highway	
Amount (\$) 0.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5435 Corporate Drive STE 300 Troy, MI 48098	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Draft Fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Corpus Christi American Federation Of Teachers COPE	3 Filer ID (Ethics Commission Filers) 00016377
4 Date 03/05/2025	5 Payee name Bill Highway	
6 Amount (\$) 0.51 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5435 Corporate Drive STE 300 Troy, MI 48098	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Draft Fee
Date 04/05/2025	Payee name Bill Highway	
Amount (\$) 0.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5435 Corporate Drive Ste 300 Troy, MI 48098	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Draft Fees
Date 05/07/2025	Payee name Bill Highway	
Amount (\$) 0.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5435 Corporate Drive Ste 300 Troy, MI 48098	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Draft Fee
Date 06/05/2025	Payee name Bill Highway	
Amount (\$) 0.46 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5435 Corporate Drive Ste 300 Troy, MI 48098	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Draft Fee