

**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) 00085707	2 Total pages filed: 49			
3 COMMITTEE NAME South Texas Alliance of Republicans		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 01/14/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address 4934 High Meadow Dr Corpus Christi, TX 78413						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.			FIRST Terry L.	MI	
	NICKNAME	LAST Morris	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2414 Cleo St Corpus Christi, TX 78405		APT / SUITE #;	CITY;	STATE;	ZIP CODE
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) 336-8422					
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month 03/03/2026	Day	Year	Primary <input checked="" type="checkbox"/>	Runoff <input type="checkbox"/>	Other <input type="checkbox"/>
				General <input type="checkbox"/>	Special <input type="checkbox"/>	

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME South Texas Alliance of Republicans		13 FILER ID (Ethics Commission Filers) 00085707
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,304.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 175.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 341.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>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.</p> <p>Mr. Terry L. Morris _____ Signature of Campaign Treasurer</p>		
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 49

17 COMMITTEE NAME South Texas Alliance of Republicans	18 FILER ID (Ethics Commission Filers) 00085707
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" 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 checked="" type="checkbox"/> SCHEDULE E: LOANS	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
14. <input checked="" 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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/28 Rpt: 4/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDAPE, ROSE 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) CONSULTANT	9 Employer (See Instructions) self
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDAPE, ROSE Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) CONSULTANT	Employer (See Instructions) self
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDAPE, ROSE Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) CONSULTANT	Employer (See Instructions) self
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDAPE, ROSE Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	Amount of Contribution (\$) \$12.00
	Principal occupation / Job title (See Instructions) CONSULTANT	Employer (See Instructions) self
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alford, Lori Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Underwriter	Employer (See Instructions) GO Mortgage

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/28 Rpt: 5/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Judy	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Keith	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Keith	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) Sherwin Williams
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) Sherwin Williams

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/28 Rpt: 6/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
8 Principal occupation / Job title (See Instructions) SALES MANAGER		9 Employer (See Instructions) Sherwin Williams
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) Sherwin Williams
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) Sherwin Williams
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) Sherwin Williams
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) Sherwin Williams

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/28 Rpt: 7/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Michael	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Michael	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Michael	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Carl	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Co Owner Lorelai's		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullis, Richard	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Fulton, TX 78358	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/28 Rpt: 8/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, NANCY	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, NANCY	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, NANCY	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, NANCY	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	
Principal occupation / Job title (See Instructions) VOLUNTEER		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/28 Rpt: 9/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) VOLUNTEER	9 Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) VOLUNTEER	Employer (See Instructions) Retired
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) VOLUNTEER	Employer (See Instructions) Retired
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) VOLUNTEER	Employer (See Instructions) Retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) VOLUNTEER	Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/28 Rpt: 10/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daggett, Carla	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, ELENA	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort, Patricia	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fryer, Samuel	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus CXchristi, TX 78413	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fryer, Samuel	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus CXchristi, TX 78413	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/28 Rpt: 11/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 07/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78466	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78466	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78466	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78466	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78466	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/28 Rpt: 12/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78466	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Mary	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Mary	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Mary	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Mary	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/28 Rpt: 13/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Steve	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Westwind Enterprises
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Steve	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Westwind Enterprises
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goddard, Connie	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goedhart, Gayle	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goedhart, Gayle	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/28 Rpt: 14/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graban, Ron	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78402	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graban, Ron	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78402	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granado, Art	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Insurance agent		Employer (See Instructions) Self
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimsbo, Dan	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired Military		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimsbo, Dan	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired Military		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/28 Rpt: 15/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimsbo, Dan	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
8 Principal occupation / Job title (See Instructions) Retired Military		9 Employer (See Instructions)
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINOJOSA, Fred (The Honorable)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78466	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOVDA, DEBORAH	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78409	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOVDA, DEBORAH	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78409	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOVDA, DEBORAH	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78409	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/28 Rpt: 16/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOVDA, DEBORAH	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78409	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/28 Rpt: 17/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD (The Honorable)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hunter Law Firm
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/28 Rpt: 18/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HUNTER, TODD (The Honorable)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hunter Law Firm
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HUNTER, TODD (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HUNTER, TODD (The Honorable)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HUNTER, TODD (The Honorable)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hasbaoui, Mourad	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi , TX 78416	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/28 Rpt: 19/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humter, Todd	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 79711	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hunter Law Firm
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONCKHEERE, LINDA	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONCKHEERE, LINDA	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONCKHEERE, LINDA	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carmen Ruth	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/28 Rpt: 20/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 11/13/2025	5 Full name of contributor Kane, Kathy	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Rockport, TX 78382	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 11/13/2025	Full name of contributor Kane, Mary Clare	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/28/2025	Full name of contributor Miller, Michael	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) TEAL Construction Company
Date 10/22/2025	Full name of contributor Mills, Kathy	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) 13th Court of Appeals
Date 11/03/2025	Full name of contributor Mills, Kathy	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) 13th Court of Appeals

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/28 Rpt: 21/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Kathy	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) 13th Court of Appeals
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milu, Kristin	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettleton, Laurie	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Disabled		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orcutt, Michelle	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orcutt, Michelle	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/28 Rpt: 22/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinson, Jana	7 Amount of Contribution (\$) \$212.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
8 Principal occupation / Job title (See Instructions) Director Pregnancy Center		9 Employer (See Instructions) Same
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinson, Jana	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Director Pregnancy Center		Employer (See Instructions) Same
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitchford, Janet	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMEROS, CHRISSY	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) Rep Todd Hunter
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMEROS, CHRISSY	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) Rep Todd Hunter

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/28 Rpt: 23/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMEROS, CHRISSY	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) Rep Todd Hunter
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMEROS, CHRISSY	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) Rep Todd Hunter
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Laura	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Kenneth	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Kenneth	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/28 Rpt: 24/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Kenneth	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Rockport, TX 78382	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Kenneth	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/28 Rpt: 25/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	\$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rorex, Bronwen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rockport, TX 78382	\$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	\$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	\$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/28 Rpt: 26/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) retired	
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) retired	
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) retired	
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, ORLANDO Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) POLITICAL VOLUNTEER	
Employer (See Instructions) SELF		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/28 Rpt: 27/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Connie (Judge)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
8 Principal occupation / Job title (See Instructions) Nueces County Attorney		9 Employer (See Instructions) Nueces County
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stich, Patricia Thompson	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stich, Ronald	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stich, Ronald	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stich, Ronald	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/28 Rpt: 28/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurgood, Libya Giana	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Robstown, TX 78380	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) self
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toups, Beverly	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Fulton, TX 78358	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walling, MK	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Portland , TX 78374	
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) Senator Adam
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walling, MK	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Portland , TX 78374	
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) Texas Senator Adam Hinojosa
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Linda	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/28 Rpt: 29/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wegner, Diana	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wegner, Timothy	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/28 Rpt: 30/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/28 Rpt: 31/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wintersteen, MaryLee	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zampini, Brian	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Environmental Specialist		Employer (See Instructions) Energy Transfer Texas

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.			
2 FILER NAME South Texas Alliance of Republicans		1 Total pages Schedule B: Sch: 1/1 Rpt: 32/49	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (If applicable) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 33/49
2 FILER NAME South Texas Alliance of Republicans		3 Filer ID (Ethics Commission Filers) 00085707
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/1 Rpt: 34/49	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/12/2025	5 Payee name MAGA	
6 Amount (\$) \$32.50	7 Payee address; City; State; Zip Code P.O. Box 509 Arlington, VA 20301	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Monthly Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/20/2025	Payee name MAGA	
Amount (\$) \$107.50	Payee address; City; State; Zip Code P.O. Box 509 Arlington, VA 20301	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Make America Great Again support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name NRSC	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 425 2nd.St.NE Washington DC, DC 20002	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yearly Fee to National Republican Senatorial Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 11/18/2025	5 Payee name AT&T	
6 Amount (\$) 73.35 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180 CORPUS CHRISTI, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) November phone Bill
Date 12/18/2025	Payee name AT&T	
Amount (\$) 73.35 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180 CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) December Phone Bill
Date 12/28/2025	Payee name AT&T	
Amount (\$) 67.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180 CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Internet Monthly Bill
Date 11/28/2025	Payee name AT&T	
Amount (\$) 67.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180 CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Internet Monthly Bill

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/29/2025	5 Payee name AT&T	
6 Amount (\$) 67.08 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180 CORPUS CHRISTI, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Internet Monthly Bill
Date 09/29/2025	Payee name AT&T	
Amount (\$) 67.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180 CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Internet Monthly Bill
Date 08/28/2025	Payee name AT&T	
Amount (\$) 67.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180 CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Internet Monthly Bill
Date 07/27/2025	Payee name AT&T	
Amount (\$) 67.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180 CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Internet Monthly Bill

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/17/2025	5 Payee name Anchor Beach Bar and Grill	
6 Amount (\$) 26.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 15202 Windward Drive Corpus Christi , TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Food expense
Date 08/28/2025	Payee name Anchor Beach Bar and Grill	
Amount (\$) 48.93 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 15202 Windward Drive Corpus Christi , TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Meals for the Speakers
Date 12/05/2025	Payee name CubesmartStorage Company	
Amount (\$) 128.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road unit 4037 Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 12/08/2025	Payee name CubesmartStorage Company	
Amount (\$) 128.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road unit 4037 Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Jan.2026 Payment

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 11/05/2025	5 Payee name CubesmartStorage Company	
6 Amount (\$) 128.75 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5502 Holly Road unit 4037 Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) November Payment
Date 10/05/2025	Payee name CubesmartStorage Company	
Amount (\$) 128.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road unit 4037 Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Payment
Date 09/04/2025	Payee name CubesmartStorage Company	
Amount (\$) 128.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road unit 4037 Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Payment
Date 12/28/2025	Payee name CubesmartStorage Company	
Amount (\$) 135.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road unit 4037 Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) February 2026 Payment

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/04/2025	5 Payee name HEB	
6 Amount (\$) 138.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B CORPUS CHRISTI, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Desserts For Christmas Event
Date 12/20/2025	Payee name HEB	
Amount (\$) 85.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Desserts for NCRP Event
Date 12/20/2025	Payee name HEB	
Amount (\$) 53.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Desserts for NCRP Party
Date 11/03/2025	Payee name HEB	
Amount (\$) 175.11 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Gifts and food

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/08/2025	5 Payee name HEB	
6 Amount (\$) 138.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B CORPUS CHRISTI, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Gifts and desserts for Island Meeting
Date 12/01/2025	Payee name HOBBY LOBBY	
Amount (\$) 167.88 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Items to make gift baskets for Dec. Sale
Date 11/03/2025	Payee name Joes Crab Shack	
Amount (\$) 862.54 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 444 Shoreline Dr Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Corpus Monthly Luncheon
Date 10/06/2025	Payee name Joes Crab Shack	
Amount (\$) 996.53 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 444 Shoreline Dr Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) October Corpus Luncheon

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/01/2025	5 Payee name Joes Crab Shack	
6 Amount (\$) 1,226.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 444 Shoreline Dr Corpus Christi, TX 78405	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Corpus December Luncheon
Date 09/08/2025	Payee name Joes Crab Shack	
Amount (\$) 883.86 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 444 Shoreline Dr Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) September Corpus Luncheon
Date 08/04/2025	Payee name Joes Crab Shack	
Amount (\$) 779.63 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 444 Shoreline Dr Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) August Luncheon Corpus
Date 07/07/2025	Payee name Joes Crab Shack	
Amount (\$) 993.64 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 444 Shoreline Dr Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) July Luncheon Corpus

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/22/2025	5 Payee name Joes Crab Shack	
6 Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 444 Shoreline Dr Corpus Christi, TX 78405	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Christmas Party
Date 07/30/2025	Payee name Prosperity Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 08/30/2025	Payee name Prosperity Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 09/29/2025	Payee name Prosperity Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 9/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/30/2025	5 Payee name Prosperity Bank	
6 Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 10/30/2025	Payee name Prosperity Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 11/28/2025	Payee name Prosperity Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 12/28/2025	Payee name Prosperity Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 10/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/02/2025	5 Payee name Ross	
6 Amount (\$) 78.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5416 SPID Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Christmas Sale
Date 12/12/2025	Payee name SEXTON, David	
Amount (\$) 39.53 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Rockport list
Date 10/02/2025	Payee name SEXTON, David	
Amount (\$) 244.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office supplies, Printing, Paper, Ink, signs ,etc
Date 12/16/2025	Payee name SEXTON, David (Mr.)	
Amount (\$) 138.48 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Printing, Office supplies, and Gifts for members

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 11/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/22/2025	5 Payee name SEXTON, David (Mr.)	
6 Amount (\$) 183.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Gifts and Goodies for Island Debate of candidates
Date 12/22/2025	Payee name SEXTON, TERI	
Amount (\$) 183.85 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Baskets to donate for YR, NCRP Event
Date 10/14/2025	Payee name SEXTON, Teri	
Amount (\$) 30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) NCRP meeting
Date 12/03/2025	Payee name Sam's Club	
Amount (\$) 107.17 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4833 S Padre Island Drive Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Christmas Party STAR

**NON-POLITICAL EXPENDITURES
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SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 12/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/10/2025	5 Payee name Sam's Club	
6 Amount (\$) 38.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4833 S Padre Island Drive Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Desserts for Rockport Meeting
Date 12/15/2025	Payee name TABLECLOTH FACTORY	
Amount (\$) 68.87 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1441 Industrial Blvd # 4774 City of Industry , CA 91714	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Tablecloths for December event
Date 10/02/2025	Payee name USPS	
Amount (\$) 46.80 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4901 Everhart Rd Corpus Christi, TX 78466	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage Stamps ,Etc
Date 11/08/2025	Payee name USPS	
Amount (\$) 35.65 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4901 Everhart Rd Corpus Christi, TX 78466	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage on Cards sent

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 13/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 12/03/2025	5 Payee name USPS	
6 Amount (\$) 68.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4901 Everhart Rd Corpus Christi, TX 78466	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage on Cards sent
Date 07/17/2025	Payee name USPS	
Amount (\$) 35.68 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4901 Everhart Rd Corpus Christi, TX 78466	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage on Summer Birthday Cards sent
Date 09/19/2025	Payee name USPS	
Amount (\$) 48.83 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4901 Everhart Rd Corpus Christi, TX 78466	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Postage
Date 10/06/2025	Payee name Whittington, Jeanne	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4934 High Meadow Dr Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Rockport Meeting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 14/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/14/2025	5 Payee name Whittington, Jeanne	
6 Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4934 High Meadow Dr Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) NCRP Meeting and class
Date 11/14/2025	Payee name Yarbaritas Cafe	
Amount (\$) 39.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1329 Broadway St Rockport, TX 78382	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) meals for our speakers
Date 07/10/2025	Payee name Yarbaritas Cafe	
Amount (\$) 23.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1329 Broadway St Rockport, TX 78382	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Meals for our speakers
Date 08/14/2025	Payee name Yarbaritas Cafe	
Amount (\$) 38.49 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1329 Broadway St Rockport, TX 78382	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Meals for our speakers

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SCHEDULE I

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1 Total pages Schedule I: Sch: 15/15 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 10/09/2025	5 Payee name Yarbaritas Cafe	
6 Amount (\$) 48.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1329 Broadway St Rockport, TX 78382	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Meals for our speakers
Date 12/11/2025	Payee name Yarbaritas Cafe	
Amount (\$) 52.15 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1329 Broadway St Rockport, TX 78382	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Meals for our speakers