

# 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			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/14/2026 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 4934 High Meadow Dr  Corpus Christi, TX 78413			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Terry L. NICKNAME LAST SUFFIX Morris			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2414 Cleo St  Corpus Christi, TX 78405			
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 Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" 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

<b>12 COMMITTEE NAME</b> South Texas Alliance of Republicans	<b>13 Filer ID</b> (Ethics Commission Filers) 00085707
-----------------------------------------------------------------	-----------------------------------------------------------

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,304.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 175.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 341.98
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Mr. Terry L. Morris  
\_\_\_\_\_  
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 49

<b>17 COMMITTEE NAME</b> South Texas Alliance of Republicans		<b>18 Filer ID</b> (Ethics Commission Filers) 00085707
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,304.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 175.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,787.02
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/28 Rpt: 26/49
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI <hr/> <b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$20.00
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#: _____) SEXTON, TERI <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$50.00
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#: _____) SEXTON, TERI <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, ORLANDO <hr/> 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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 32/49

2 FILER NAME

South Texas Alliance of Republicans

3 Filer ID (Ethics Commission Filers)  
00085707

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)



# LOANS

## SCHEDULE E

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 34/49	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 12/12/2025	<b>5</b> Payee name MAGA	
<b>6</b> Amount (\$) \$32.50  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 509  Arlington, VA 20301	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2025	Payee name MAGA	
Amount (\$) \$107.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 509  Arlington, VA 20301	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name NRSC	
Amount (\$) \$35.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 425 2nd.St.NE  Washington DC, DC 20002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 <u>ONLY</u> 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.**

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

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

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

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

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

<b>1</b> Total pages Schedule I: Sch: 6/15 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 12/08/2025	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$)  138.56 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B  CORPUS CHRISTI, TX 78411	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</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.**

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

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

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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<b>1</b> Total pages Schedule I: Sch: 10/15 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 12/02/2025	<b>5</b> Payee name Ross	
<b>6</b> Amount (\$)  78.23 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 5416 SPID  Corpus Christi, TX 78411	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Printing Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Printing Expense	<b>(b)</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.**

<b>1</b> Total pages Schedule I: Sch: 11/15 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 12/22/2025	<b>5</b> Payee name SEXTON, David (Mr.)	
<b>6</b> Amount (\$)  183.86 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1054 BURKSHIRE DR  CORPUS CHRISTI, TX 78412	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Christmas Party STAR

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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<b>1</b> Total pages Schedule I: Sch: 12/15 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 12/10/2025	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) 38.90 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 4833 S Padre Island Drive  Corpus Christi, TX 78411	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Postage on Cards sent

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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