#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 19 3 CANDIDATE/ MS / MRS / MR МІ OFFICE USE ONLY **OFFICEHOLDER** arolyc NAME Date Received SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** MAILING P.O. BOX 261025 Corpus **ADDRESS** TX 76426 Change of Address Rebecca Huerta AREA CODE EXTENSION PHONE NUMBER CANDIDATE/ Date City Secretary OFFICEHOLDER PHONE 7-0148 Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** MarilyD Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE): STATE; ZIP CODE CAMPAIGN TREASURER P.O. BOX 201025 Corpus Christi **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Month Day COVERED THROUGH 9027 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Description ★ General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT Counci 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

CAMPAIGI	A FINANCE INEFORT	
15 C/OH NAME	Carolyo Vaugha	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,003.3D
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ~> ~
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,574.41 \$ 314,43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 314,43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 19,000 .
•	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	· · · · · · · · · · · · · · · · · · ·	
	Carolin	Jough
	Signature of Car	ndidate or <b>O</b> fficeholder
	Diseas assemble sither entire below	
	Please complete either option below	•
(4) A #11-les (14		
(1) Affidavit		
NOTARY STAMP/SEA	L	
	this the	day of,
		day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati		
My name isC QR	DLYO Sougho, and my date of birth is	12-21-1952
110.	1 Spring Creek Drive Corpus, T	Y. 78410 MCD
My address is		tate) (zip code) (country)
Evaputed in 1	eces County, State of $TX_4$ , on the $TM_4$ day of	L 20 24
Executed in	(month)	(year)
	<u>Carparas</u>	sauge
	Signature of Candida	ate/Officehalder (Declarant)

#### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME	19 FILER NAME 20 Filer ID (Ethics Con				
Carolyu Vaughu					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,003,36			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	SNC	\$ -0-			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ ~0-			
4. SCHEDULE E: LOANS		\$ 19,000			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$ 26574 41			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0-			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	FICAL CONTRIBUTIONS	\$ -0-			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0-			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	AL FUNDS	\$ -0-			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	S TO A BUSINESS OF C/OH	\$ -0-			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$ -D -			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT	RIBUTIONS RETURNED	\$ -D -			
	· ·				

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.  2 FILER NAME
CARDLYD Youngh
CARDLYD Youngh
4 Date  5 Full name of contributor   out-of-state PAC (ID#:   7 Amount of contribution (\$)  1-11-24  6 Contributor address;   City;   State;   Zip Code   CL   TX,   78413   50,00  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  1-11-24  Contributor address;   City;   State;   Zip Code   CL   TX   T8414   Group   Group
6 Contributor address; City; State; Zip Code  CL TX, 78413  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Amount of contribution (\$)  1-1-24  Contributor address; City; State; Zip Code  CL TX - 78414  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:
6 Contributor address; City; State; Zip Code  CL TX, 78413  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Amount of contribution (\$)  1-1-24  Contributor address; City; State; Zip Code  CL TX - 78414  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  1-1-24 Contributor address; City; State; Zip Code CL TX. 78414 SDO,  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  7-11-24 Contributor out-of-state PAC (ID#: Amount of contribution (\$)  CC TX. 78413 SO, DO  CC TX. 78413 SO, DO  THE CONTRIBUTOR OUT-OF-State PAC (ID#: State; Zip Code CONTRIBUTION (\$)
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date Full name of contributor   cut-of-state PAC (ID#:
Date  Full name of contributor  Out-of-state PAC (ID#:
Day: LR. Resendez  Contributor address; City; State; Zip Code  CL TX. 78414  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:
Day: LR. Resendez  Contributor address; City; State; Zip Code  CL TX. 78414  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:)  Amount of contribution (\$)  5.1 TX. Alliance  Contributor address;  City; State; Zip Code  CX. 78413
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:)  Amount of contribution (\$)  7-11-24  Contributor address;  City; State; Zip Code  CC TX. 78413
Date  Full name of contributor  Out-of-state PAC (ID#:)  Amount of contribution (\$)  5. Th. Alliance  Contributor address;  City; State; Zip Code  CC Th. 78413
7-11-24 S. T. Alliance  Contributor address; City; State; Zip Code  CC TX. 78413
7-11-24 S. T. Alliance  Contributor address; City; State; Zip Code  CC TX. 78413
7-11-24 Contributor address; City; State; Zip Code CC TX, 78413
7-11-24 Contributor address; City; State; Zip Code CC TX, 78413
CC TX. 78413
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)
0 00 0
Contributor address; City; State; Zip Code
CC TX. 78412 100.
Principal occupation / Job title (See Instructions) Employer (See Instructions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDILLE AS NEEDED

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

ii dio roques	ned mornadori is not applicable, <b>Do NOT inc</b>	duce this page in the i	
The	Instruction Guide explains how to complete this i	form <sub>*</sub>	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Caro	ly D Vaugho		
4 Date	5 Full name of contributor out-of-state PAC (	ID#: )	7 Amount of contribution (\$)
	Rosalinda M. Hicks		
7-11-24		State; Zip Code	64
1 11 00			50,00
	CC	TX, 78413	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#: )	Amount of contribution (\$)
			Amount of contribution (4)
9-11-20	Shawu Flancigad		
7-11-24	Contributor address; City;	State; Zip Code	<i>**</i> ***
	CC -	TX 7841	100,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Robin Cox		
7-11-24	Contributor address; City;	State; Zip Code	Qa
1 11- 23			100,
	CC -	IX. 7843	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:	Amount of contribution (\$)
		,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7 11 211	Salazar Investments Contributor address; City:	State; Zip Code	~~
7-11-24		ciate, Zip Code	12008
	CC -	TX. 78415	,
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the	ne report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CAROL	yD Taugho	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	TIERRA MOTORS HC	
7-11-24	6 Contributor address; City; State; Zip Code	~~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
,,	CC TX, 78415	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instr	
Date	Full name of contributor	Amount of contribution (\$)
	Jak Ranch Tracts LLC	
7-11-24	Contributor address; City; State; Zip Code	~ . DD
	CC TI YOUN	50.00
Principal occup	ation / Job title (See Instructions)  CC TX, 7845  Employer (See Instru	
Frincipal occup	ation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor	Amount of contribution (\$)
7-11-24	Ked L. Baker	
1-11-05	Contributor address; City; State; Zip Code	100.00
	CC TX. 78412	100,
Principal occup	ation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor	) Amount of contribution (\$)
	Richard Millou	4.4
7-11-24	Contributor address; City; State; Zip Code	1,000,00
	CC TX, 78417	1,000,
Principal occup	ation / Job title (See Instructions)  Employer (See Instr	uctions)
. Titisipai occup	Employer (dee man	uctions)
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#### SCHEDULE A1

If the reques	ted information is not applicable, <b>DO NOT</b>	include this page in the	report.
The	Instruction Guide explains how to complete t	his form,	1 Total pages Schedule A1:
2 FILER NAME	olyo Yaugho		3 Filer ID (Ethics Commission Filers)
4 Date	\ \	PAC (ID#:)	7 Amount of contribution (\$)
7-9-24	6 Contributor address; City:	State; Zip Code TX. 78402	360.59
8 Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date		PAC (ID#:)	Amount of contribution (\$)
7-9-24		State; Zip Code	100,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
7-9-24	Eduard Bennett  Contributor address; City;  CC.	State; Zip Code	50,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor  ut-of-state	PAC (ID#:)	Amount of contribution (\$)
7-11-24	Margo LM Obre City;	State; Zip Code TX ておそれる	500,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

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#### SCHEDULE A1

if the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
The	Instruction Guide explains how	1 Total pages Schedule A1:				
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Caro	Lyd Vaugho					
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)		
	Rudy Garza					
7-11-24	6 Contributor address;	City;	State; Zip Code	750,00		
. ,, ,,		CC	TX. 78401	0.007		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)		
				•		
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
	David C. Kneb					
7-11-24	Contributor address;	City;	State; Zip Code	500,00		
		cc	TX. 78411			
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	ions)		
				,		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Osaban D Man			, who are of some ballow (\$\psi\$)		
<b>-</b>	Richard R Val		State: Zin Code			
7-11-24	Contributor address:	City;	State; Zip Code	500.00		
		CC -	TX, 78403	9 <i>0</i> 8,		
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Gulley Family	INUESTN	nents			
7-11-24	Caulley Family	City;	State; Zip Code	500,00		
		cc	7X. 78414	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
				-		

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#### SCHEDULE A1

If the reques	sted information is not applicat	ole, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how	to complete this	s form,	1 Total pages Schedule A1:
2 FILER NAME	Λ _			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
7-15-24	Robert Catalar 6 Contributor address;	2.0 City;	State; Zip Code	150,00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	_	C (ID#:)	Amount of contribution (\$)
7-16-24	Carrie Meyer Contributor address;	City;	State; Zip Code	50,00
Principal occuj	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Clifford Hendr		C (ID#:)	Amount of contribution (\$)
7-23-24	Contributor address;	City;	State: Zip Code	50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
7-22-24	K.U.S.u.ma.ka.Rs	Sooda city; CC	State; Zip Code	500,00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	•			

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form <sub>κ</sub>	1 Total pages Schedule A1:
FILER NAME	Lud Hougho.		3 Filer ID (Ethics Commission Filers)
Date	Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
13/14	6 Contributor address; City;	State; Zip Code	500,00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	
Date		C (ID#:)	Amount of contribution (\$)
8/38/2024	Contributor address; City;	State; Zip Code TX . 7840/	1,000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	M	C (ID#:)	Amount of contribution (\$)
4/24	Contributor address; City;	State; Zip Code	10,000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
9/24/24	Contributor address; City; Roberton	State; Zip Code	500,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	The Instruction Guide explains how to complete this form.					
2 FILER NAME	Polyo Va	igho.	<i>t</i>	, -	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:	)	7 Amount of contribution (\$)	
9-30-24	ERNEST R CT 6 Contributor address;	City;		Zip Code	300.00	
<b>,</b>		Corpuschi	isti Ti	(, 784ID		
8 Principal occu	pation / Job title (See Instructions)	•	9 Emplo	oyer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)	
C 21 021	Uhyne Squi			Zin Oodo	6 - 1	
9-4-24	Contributor address;	City;	State;	78411	992.71	
Principal occup	pation / Job title (See Instructions)			yer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	; (ID#:	)	Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code		
Principal occup	eation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code		
Principal occup	ation / Job title (See Instructions)		Emplo	oyer (See Instruct	lions)	
	ATTACH ADDIT	TIONAL COPIES O	THIS S	CHEDIII E AS N	EEDED	

 $If \ contributor \ is \ out-of-state \ PAC, \ please \ see \ Instruction \ guide \ for \ additional \ reporting \ requirements.$ 

### SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)						
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)  Accounting/Banking Fees Office Overhead/Rental Expense Polling Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1: 2 FILER NAME  CARDIUD  GIAND  3 Filer ID (Ethics Commission File								
4 Date	5 Payee name		<u></u>	>				
7-8-24 6 Amount (\$)	Steve Ray Associate	S City;	State;	Zip Code				
		Oity,	olate,	Zip Godo				
9,000	10×742	CC	$\mathcal{T}X$ .	78403				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF								
EXPENDITURE	Consulting							
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held				
Date	Payee name							
7-8-24	Milestone Collabora	tive Syst	ems					
Amount (\$)	Payee address;	City;	State;	Zip Code				
1,500	3522 S. Alameda	CC	TX.	78411				
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	consulting							
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
7-11-24	0J Events							
Amount (\$)	Payee address;	City;	State;	Zip Code				
500,00	4921 Andover Dr.	CC	丁义,	78411				
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Adv.	Vide	) D					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED					

#### SCHEDULE F1

		EXPENDIT	JRE CATE	GORIES F	OR BOX 8(a)	•	
Accounting/Banking "Fees Office Overl Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Cift/Awards/Memorials Expense Printing Expense Legal Services Salaries/We				Travel In District Travel Out Of Distri	ipment & Related Expense		
Credit Card Payment		The Instruction (	Guide explain	as how to co	omplete this form.		
1 Total pages Schedule F1: 2 FILER NAME  3 Filer ID (Ethics Commission Filers)							
4 Date	5 Pavee na	ame	rang	CV-	, , , , , , , , , , , , , , , , , , ,		
7-19-24	Edd	lie Seal	Phot	105			
6 Amount (\$)	7 Payee a		_		City;	State;	Zip Code
433,00	506	- Paradi	e DR	1	CC	TX.	78412
8	(a) Categor	ry (See Categories listed	at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	A	dv.			pho	tos	
	(c)	Check if travel outside of T	exas. Complete S	ichedule T.	Check if Aus	tin, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oi		date / Officeholder n	ame		Office sought		Office held
Date	Payee na	ame					
7-9-24	Rail	road Sea	food				
Amount (\$)	Payee ad	ddress;			City;	State;	Zip Code
1,757,05	12114	- N. Cha	parra	}	CC	TX,	78401
	Category	/ (See Categories listed a	t the top of this s	chedule)	Description		
PURPOSE	<b>—</b>						
OF EXPENDITURE	\rightarrow{t}	xod			annou	ince me	$P_{\mathbf{n}}$
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candid	ate / Officeholder n	ame	,	Office sought		Office held
expenditure to benefit C/OF	1				J		
Date	Payee na	ame					
7-23-24		antened	Ima	iges			
Amount (\$)	Payee ad			)	City;	State;	Zip Code
1,775	334	PEERMan	P1.		CC	TX.	78411
	Category	(See Categories listed a	t the top of this s	chedule)	Description		
PURPOSE OF		1.			Oh L		<b>,</b>
EXPENDITURE	a	dv.	-		priotos	-vide à	
	. 🔲	Check if travel outside of Te	exas. Complete So	chedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder r	name		Office sought		Office held
	ΑT	TACH ADDITIONA	L COPIES	OF THIS S	CHEDULE AS NEI	EDED	

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		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)
Oredit Gald Fayment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	CAROLUD Jaua	She	3 Filler ID (Ethics Commission Filers)
4 Date 8 - 5 - 3084	Trunywald Prin	ting Co	,
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3,15419	1418 Morgan	Corpus Chris	ti. TX. 78404
8	(a) Category (See Categories listed at the top of this		•
PURPOSE			
OF EXPENDITURE	Advertising	Signs	)
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-9-2024	Steve Ray Ass	ociates Corpu	schristi. TX. 78403
Amount (\$)	Payee address;	City;	State; / Zip Code
9,000	BOX 742	Corduschri	5ti, TX,
	Category (See Categories listed at the top of this s		
PURPOSE			
OF EXPENDITURE	CANSALTINA		
	Town 170g		
	Check if travel outside of Texas. Complete So		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
		•	
8-14-2024	Milestone Collabo	rative	
Amount (\$)	Payee address;	City;	State; Zip Code
438,12	3522 5.alame	Da l'aspus Christ	TX. 78411
	Category (See Categories listed at the top of this so		
PURPOSE			
OF EXPENDITURE	CALL	Apritina	L
			TV -ff-sk-lds-ll-l-
	Check if travel outside of Texas. Complete Sc	<b>L</b>	h, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
	ertising Expense Event Expense Loan Repayment/Reimbursement Unting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Fibutions/Donations Made By Gift/Awards/Memorials Expense Findigate/Officeholder/Political Committee Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)	
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	Carolyn Vaugha		3 Filer ID (Ethics Commission Filers)	
4 Date 6-16-24	5 Payee name V	live	,	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1,500	35225. alameder	Copus (piasti	TX, 78411	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	•	
PURPOSE OF EXPENDITURE	COMMODER	consulti	i vy	
	(c) Check if travel outside of Texas, Complete Sch		tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-3-24	neely Printing			
Amount (\$)	Payee address;√	City;	State; Zip Code	
678,50	1011 LA. Que	CC,	TX, 78404	
·	Category (See Categories listed at the top of this sch	nedule) Description		
PURPOSE OF EXPENDITURE	Adv.	Hand	outs	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-3-24	Cooper Dutdoos V	Adv.		
Amount (\$)	Payee address;	City;	State; Zip Code	
1,200	115 Waso St.	CC	TX. 78401	
5//5500F	Category (See Categories listed at the top of this sch	nedule) Description		
PURPOSE OF EXPENDITURE	Adv.	Billb	oakd	
	Check if travel outside of Texas, Complete Scho		in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Consticute Management

Event Expense 🗼 Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment	•	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	<b>&gt;</b>		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Payee name		
9-4-2024	Steve Ray Assoc		,
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
7,000	BOX742 Corps	schristi	TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•
PURPOSE			
OF EXPENDITURE	consulting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-4-2024	Milestoine Collabor	ative	
Amount (\$)	Payee address;	City;	State; Zip Code
1,500	3522 S, Alameda (		; TX, 7841)
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	consulting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office field
Date	Payee name		
	- CC		
9-4-2024	Fire Fighters ASSOC		
Amount (\$)	Payee address;	Clty;	State; Zip Code
1,000		Corpus Chr	isti TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	O 1	CDANCE	P
EXPENDITURE	Hdu.	Spansa	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED
			D 4.4/4/0004

#### SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	•
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office C Food/Beverage Expense Polling by Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F1:	2 FILER NAME COLOLYD Vaud	$\zeta_{n}$	3 Filer ID (Ethics Commission Filers)
4 Date 9-8-24	5 Payee name Gulf Coast Prin	tiNg	,
1,029.51	P.D. BOX 9312 C-DR DUS Christi	TX 784	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adv.	DOAR H	an aprs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-8-24	Fleet Feet		
Amount (\$) 650,00	Payee address; 1412 Airlive Rd, (DRDUS Christi	Olty;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adv.	T-shi	lo
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-24-2024	Enlighteres Images Payee address; 334 FEErman PI.		
Amount (\$)	Payee address;	City;	State; Zip Code
1,750	334 reerman Pl.		visti, TX. 78411
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF EXPENDITURE	Adu.	Vide	D.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking " Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Office Ov Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	CORDLY O TOUR	N I	3 Filer ID (Ethic	s Commission Filers)
4 Date 9-24-24	5 Payee name Payle Norw Business	assc.		•
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
292,DD	14493 SPID Ste A PMB 313	Corpuscie	ti TX.	78418
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	alv.			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		,,,	
9-24-24	The Johns Moon Payee address; 144935PID Sto A - PMB22D			
Amount (\$)	Payee address;	City;	State;	Zip Code
275.00	144935PID Sto H-PMB2ID	Conouschi	isti TX.	78418
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Ado			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9-24-24	Milestono Collaborativo			
Amount (\$)	Payee address;	City;	State;	Zip Code
135.00	Milestono Collaborativo Payee address; 35225. Alameda Cor	ous Christi	TX	1841)
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Bev Exp.			
	· -			

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

#### SCHEDULE F1

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	•	
Advertising Expense Event Expense Loan Rep Accounting/Banking Fees Office Ove Consulting Expense Food/Beverage Expense Polling Ex Contributions/Donations Made By Gift/Awards/Memorials Expense Printing E Candidate/Officeholder/Political Committee Legal Services Salaries/V		Repayment/Reimbursement e Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME  Chippem Voud	(A	3 Filer ID (Ethics Commission Filers)	
4 Date 9-30-27	5 Payee name Fleet Freet		,	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
405.44	1412 Quilino RO.	Corpus de	idi TX. 78412	
8	(a) Category (See Categories listed at the top of this schedule			
PURPOSE OF EXPENDITURE	Advi	T-Spirts		
	(c) Check if travel outside of Texas. Complete Schedule T	r. Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8-26-24	BOOT, SCOOT & Roll En	n)		
Amount (\$)	Payee address;	City;	State; Zip Code	
500,00	Boot, Scoot a Rose 71		Robertown TX, 78380	
	Category (See Categories listed at the top of this schedule)	) Description		
PURPOSE OF EXPENDITURE	donations	NUOLOO CNA	ty 4-H	
	Check if travel outside of Texas. Complete Schedule T	f. Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-3-24 Amount (\$)	Cooper Outdon AD	City;	State; Zip Code	
1,16910	115 Waco	CC	TX, 78401-303	
	Category (See Categories listed at the top of this schedule)	) Description	7700	
PURPOSE				
EXPENDITURE and Silver			roaro	
	Check if travel outside of Texas. Complete Schedule T.	. Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
			EDED	