# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

			, , , , , , , , , , , , , , , , , , , ,		
The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / MS / MRS / MR / MRS / MR / MRS / MR / MR		FIRST Eli	мі N	OFFICE USE ONLY	
INAIVIL	NICKNAME	McKay	SUFFIX	Date Filed 127-24	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1008 Mårgu	c; APT / SUITE #; C erite St. Corpus Cl	city; state; zip code hristi TX 78401	Date Fried For	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 271-3124	EXTENSION	Rebecca Huerta  Date Port delivered of Date Rostmarked  City Secretary	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Arturo  LAST Lima	MI	Receipt # Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SI S St. #706 Corpus		STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 956 )	PHONE NUMBER 472-7126	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	1.	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day Year / 1 / 24	THROUGH 9	Day Year  / 26 / 24	
11 ELECTION	Month Day	Year Primary  24 General	Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known City Council Dis		
14 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO S THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPEND				
00	COMMITTEE TYPE	COMMITTEE NAME			
GENERAL COMMITTEE ADDRESS Additional Pages					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Eli McKay		16 Filer ID (Ethio	s Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HER THAN \$	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS)	s toans) \$3	537.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$33	381.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS COOR REPORTING PERIOD		145.12
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	ANS AS OF THE \$	
	wear, or affirm, under penalty of perjury, that the accompanying required to be reported by me under Title 15, Election Code.	port is true and correct and	includes all information
·	Z		
	Signa	ture of Candidate or Officel	older
	Please complete either option	n below:	
(1) Affidavir	STEPHANIE BOX ID# 13434827-7 Notary Public STATE OF TEXAS Comm. Exp. 05-09-2027		
	before me by <u>Eli Pabeth MC Kay</u>	this the day of	Oct.
20 to certify	which, witness my hand and seal of office.	Notauz	PubliC
Signature of officer administer	ring oath Printed name of officer administering oath	Title of of	ficer administering oath
	OR		
(2) Unsworn Declaration	on		
My name is	, and my date	of birth is	*
My address is	,,		
	(street) (city)	(state) (zip code)	• • •
Executed in	County, State of, on the day of	of, 20 (month) (yea	<u></u> .
		(monun) (yea	
	Signature	of Candidate/Officeholder (D	eclarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Eli McKay		mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$3537.97
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3381.06
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
<sup>2</sup> FILER NAME Eli Mckay			3 Filer ID (Ethics Commission Filers)		
4 Date		; (ID#:)	7 Amount of contribution (\$)		
7-8-24	Monica Ellison  6 Contributor address; City;	State; Zip Code	\$333.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
	ness Owner	Self	,		
205//	163 001/61	0011			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
7-11-24	Patty Jones Contributor address; City:	State; Zip Code	\$100.00		
į	Corp	us Chrisli TXT8413			
	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Une	mployed	NIA			
Date		(ID#:)	Amount of contribution (\$)		
7-18.24		State; Zip Code Chrish TX 178414	\$34.67		
	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Unen	ployed	NIA			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
7-19-24	Sabel Fraiza Contributor address; City;	State; Zip Code	\$ 100.00		
	Corpus C	hrsh: TX 78412			
D 6	ation / Job title (See Instructions)	Employer (See Instruct	ions) College		
			<u> </u>		
	ATTACH ADDITIONAL COPIES O				

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME Eli Mckay			3 Filer ID (Ethics Commission Filers)	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
7-22-24	Victoria Rogers  6 Contributor address; City;  Corpus C	State; Zip Code	\$250.00	
	pation/Job title (See Instructions)  Estah Agent	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAG		Amount of contribution (\$)	
7-21-24	Carolyn Kouvila  Contributor address; City;  Corpus Chris	State; Zip Code	\$60.00	
Principal occupa	nation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
7-31-24	Contributor address; City;	State; Zip Code	\$100.00	
Principal occupa	nation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
812124	James Whitworth  Contributor address; City;	State; Zip Code	\$ 100.00	
Principal occupa	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Rot	7 med	NIA		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

### SCHEDULE A1

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

if the requested information is not applicable, bo Not include this page in the report.				
The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME Eli Mckay			3 Filer ID (Ethics Commission Filers)	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
8-8-24	Margaret Duran 6 Contributor address; City;	State; Zip Code	\$100.00	
O Drimainal assu		T	tions)	
·	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
KA	red	70111		
Date		C (ID#:)	Amount of contribution (\$)	
8-8-94		State; Zip Code	\$250.00	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	wyer	Self	,	
		C //D#:		
Date	^	C (ID#:)	Amount of contribution (\$)	
8-14-24	Sylvia Campos  Contributor address; City;	State; Zip Code	\$ 100.00	
	Carpus Chr	1148F XT Hs.		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc		
Commu	nity Organizer	For The	Creatu Good	
Date		C (ID#:)	Amount of contribution (\$)	
	Gina McKay			
8-15-24	Contributor address; City;	State; Zip Code	\$104.42	
0 .) 21		Victoria MN 5538	6	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct		
Sc	Nes	NIA		
			AMILO 30. 1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME Eli Mckay	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
8-26-24 6 Contributor address; City; State; Zip Code	\$100.00				
Portland TX 77374					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru Self	ctions)				
Date  Full name of contributor  Out-of-state PAC (ID#:)	Amount of contribution (\$)				
8-29-20 Contributor address; City; State; Zip Code	\$52.37				
Corpus Chrishi TX 78412					
Principal occupation / Job title (See Instructions)  Employer (See Instru  Scif En					
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
9-5-24 Arturo Lima Contributor address; City; State; Zip Code	\$104.42				
Corpus Christi TX 7440					
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)				
Attorney Raices					
Date  Full name of contributor  Out-of-state PAC (ID#:)	Amount of contribution (\$)				
916124 Contributor address; City; State; Zip Code Corpus Chrish TX 78415	\$104.42				
Principal occupation / Job title (See Instructions)  Employer (See Instru	ctions				
Fillicipal occupation / Job title (See Instructions)	citoriay				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS					

### SCHEDULE A1

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

in the requestion in the applicable, be not include this page in the report.						
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
<sup>2</sup> FILER NAME Eli Mckay	**************************************		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)			
9-11-24	6 Contributor address; City; Congres C'	State; Zip Code hrishi TX 78413	\$ 50.00			
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Une	mployed	NIA				
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
	Margot Moczygenba		41			
9-11-24	Contributor address; City;	State; Zip Code	\$50.00			
	Corpus C	hrish: TX 78414				
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)			
retir	ed	NIA				
Date	Full name of contributor out-of-state PAC Linda White	C (ID#:)	Amount of contribution (\$)			
9-12-24 Contributor address; City; State; Zip Code Conpus Chrish TX 78412			\$25,00			
	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Ket	rined	N/A				
Date		C (ID#:)	Amount of contribution (\$)			
9-15-24	Julie Rosers Contributor address; City;	State; Zip Code	\$34.67			
	Corpus Christi TX 78404					
	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Retin	e cl	NIA				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Eli Mckay			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
9-15.24	Sylvia Campus  6 Contributor address; City;  Copus Chash	State; Zip Code	\$50,00
		9 Employer (See Instruction	
Commi	unity Organizer	For The G	reafer Good
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9-15-24	Contributor address; City;	State; Zip Code	\$ 200.00
		Copes Chist TX 78401	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Proj	perty Manager	Self	
Date		(ID#:)	Amount of contribution (\$)
9-15-24	Frances Morey  Contributor address; City;  Cupus Chast	State; Zip Code	\$25-0
Principal occup	nation / Job title (See Instructions)	Employer (See Instructio	ns)
Re 1	pired	NIA	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9-15.24	Nora Wilbun Contributor address; City;		\$ 10.00
	Corpus Chris	1. TX 78415	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Self	Employed	Sun Sanctu	ary
			,
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEI	EDED

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

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.  2 FILER NAME EII MCkay  4 Date 5 Full name of contributor She con Mechanism Filers  5 Full name of contributor City: State; Zip Code Curres Chank M 70414  8 Principal occupation / Job title (See Instructions) City: State; Zip Code Curres Chank M 70414  9 Employer (See Instructions) Chank M Amount of contribution (S)  ### Contributor address:  City: State; Zip Code Curres Chank M 70414  ### Contributor address:  City: State; Zip Code Curres Chank M 70413  ### Contributor address:  City: State; Zip Code Curres Chank M 70413  ### Contributor address:  City: State; Zip Code Curres Chank M 70413  ### Contributor address:  City: State; Zip Code  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Contributor address:  City: State; Zip Code  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Contributor address:  City: State; Zip Code  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Amount of contribution (S)  ### Curres Chank M 70414  ### Curres Chank M	in the requested information is not applicable, bo not include this page in the report.						
Eli Mckay  4 Date 5 Full name of contributor Sheron Wechsler 6 Contributor address; City: State: Zip Code Carpas Chrish T 79414  8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Carpas Chrish T 79414  9 Employer (See Instructions) N/A  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)	The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
Sheron Wechsler  6 Contributor address; City; State; Zip Code  Carpus Chrish IX 704/14  8 Principal occupation / Job title (See Instructions)  Rehind  Date  Full name of contributor  Contributor address; City; State; Zip Code  Christof IX 78413  Principal occupation / Job title (See Instructions)  Rehind  Contributor address; City; State; Zip Code  Christof IX 78413  Principal occupation / Job title (See Instructions)  Rehind  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code  Washing An & Zowi  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Washing An & Zowi  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code  Amount of contribution (\$)				3 Filer ID (Ethics Commission Filers)			
Date  Full name of contributor  Q-23-24  Contributor address;  City:  State; Zip Code  Contributor address;  City:  State; Zip Code  Contributor State PAC (ID#:		Sheron Wechsler  6 Contributor address; City;	State; Zip Code	11			
Mary Alice Weich man  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Full name of contributor  Out-of-state PAC (ID#: 51-10-9)  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code  Washing fun & 2000    Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:		`		tions)			
Date  Full name of contributor  General Date  Full name of contributor  General Date  Full name of contributor  General Date  Full name of contributor  Contributor address;  City;  State; Zip Code  Washing fun DC 2000    Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:		Mary Alice Weich ma Contributor address; City;	ດ State; Zip Code	n			
TBEW PAC Voluntary Fund   State; Zip Code   Washing fun DC 2000	· ,						
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code	_	IBEW PAC Voluntary ( Contributor address; City;	State; Zip Code	h			
Contributor address; City; State; Zip Code	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Date			Amount of contribution (\$)			
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							



## INTERNATIONAL BROTHERHOOD OF

## **ELECTRICAL WORKERS**

"Organizing for a higher standard of living" Local Union No. 278



David A. Carranco
Business Manager
Financial Secretary

Matthew J. Soliz

Francisco J. Eguia, II Vice-President

> Aubrey Nevins Treasurer

Ricardo E. Gomez Recording Secretary

Executive Board Adrian Ayala

Marshall K. Morin

Kenneth W. Graveson

Robert R. Reyna

Manuel A. Rodriguez

Joshua D. Rojas

Joshua O. Torres

Eli McKay – CC City Council, District 1 1008 Marguerite St Corpus Christi, TX 78401

Eli McKay:

September 23, 2024

Please find enclosed a check in the amount of \$1,000.00 towards your 2024 General Election. This contribution is made possible from IBEW Local 278 members who contribute voluntary to our IBEW COPE/PAC FUND.

Thank you for your support towards working Americans, in particular supporting the IBEW.

Best wishes,

David A. Carranco

Business Manager/Financial Secretary

**IBEW Local Union 278** 

### 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Eli McKay 4 Date 5 Payee name 718124 Donorbox 6 Amount (\$) 7 Payee address; Zip Code \$15,79 Alexandria VA 1520 Solle View Blyd #4106 22307 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Donation Plat for Processing Fees Accounting / Banking EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Texas Democratic Party
Payee address; 719124 State: Zip Code \$470.00 314 Highland Blud. Austr 78752 Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Pavee address: Amount (\$) Citv: Corpus Christi TX 4110.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** T-Shirts Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Ordan Garan ayrronn	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Eli McKay		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
7/11/24	Donor box		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$4.95	1520 Belle View Blvd. #41	06 Alexan	dria VA 22307
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting / Banking	Donation P	latform Processing Fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7118124	Donor box		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1.92	1520 Belle View Blvd. #41	104 Alexa	dna VA 22307
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Doration Pla	attorn Processing Fees
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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		
7122124	Donorbox		
Amount (\$)	Payee address;	City;	State; Zip Code
\$11.93	1520 Belle View Blod. #	4106 Alexa	andria 14 22307
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting / Banking	Donation Pla	Horm Processing Fees
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eli McKay 4 Date 5 Payee name Home Depot 7/22/ City; Zip Code 6 Amount (\$) 4038 S. Port Ave Corpus Christ TX 78415 \$11.89 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Advertising Expense Sign Supplies **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Home Depot 7125124 City; State: Zip Code \$53.29 4038 S. Port Ave Corpus Christi TX PURPOSE Advertising Expense Sign Supplies OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Frost Bank
Payee address; 7131124 Amount (\$) City; Zip Code 501 S. Sharelme Blod \$10.00 Corpus Christi TX Description Category (See Categories listed at the top of this schedule) **PURPOSE** Accounting | Banking Service Chance OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH 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 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. 1 Total pages Schedule F1: 2 FILER NAME

3 Filer ID (Ethics Commission Filers)

	Eli McKay			•
4 Date	5 Payee name			
7131124	Dunur box			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 4.95	1520 Belle View Blod. #1	4106 Alexan	dria VA	22307
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting   Banking	Donation Pl	atform Dr	ocessing Fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
817124	Prestige Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$238.15	8 Burwood Ln.	San Anton	X 05.	78216
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Push C	Lands	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
817124	Quik Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$132,04	615 Leopard St (	Curpus Christ	7	78401
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Push C	'ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

### 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 By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Eli McKay	;	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
8114124	Dono-box			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$4.95	1520 Belle View Blvd. #1	4106 Alexand	ria VA 22307	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting 1 Banking	Donation Pla	Hum Processing Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name	AWALAMIIII		
8115124	Donorbox			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$5.16	1520 BelleView Blud #	+4106 Alexa	wona VA 22307	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	Donation Plat.	form Pricessing Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8123124	Quik Pont			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$30.18	615 Leopard St. (	Corpus Chris	h 7X 78401	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Event	Fliers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	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 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 By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, ,	•
1 Total pages Schedule F1:	2 FILER NAME Eli McKay		3 Filer ID (Ethic	s Commission Filers)
4 Date 8 1 26 1 24	5 Payee name Leslie Ruel			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$169,00	5442 Bonham St.	Corpus Chri	shi TX	78415
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	T-Shi	rts	
	(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/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8129124	Donorbox			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2.74	1520 Belle View Blvd. #	4106 Alexa	ndria VA	22307
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	Donation Pla	alform Pro	cessing Fees
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
915/24	Donurbox			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$5.16	1520 Belle View Blud, #1	4100 Alexan	dnia VA	22307
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	Donation	Platform	Processy Fees
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 By
Candidate/Officeholder/Political Committee

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Eli McKay 4 Date 5 Payee name Arrow Display Signs 915124 6 Amount (\$) Corpus Christi TX 78404 \$546.66 1343 S. Staples St. (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Holvertising Expense Signage EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 916124 Donoclox City; State; Zip Code Amount (\$) 1520 Belle View Blod # 4104 Alexandria VA \$5.16 Category (See Categories listed at the top of this schedule) Description Donation Platform Processing Fees **PURPOSE** Accounting/ Banking **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Quik Pont 9/9/24 Amount (\$) Payee address: City: State: Zip Code Corpus Christi TX \$ 36.11 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Fliers **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eli McKay 4 Date 5 Pavee name 9/11/24 Donorbox 6 Amount (\$) 7 Payee address; Zip Code 1520 Belle View Blvd #4106 Alexandria VA 22307 \$2.63 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Donation Platform Processing Fees Accounting 1 Banking OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Dono-box City: State: Zip Code 1520 Belle View Blud #4/06 Alexardia VA 22307 \$2.63 Category (See Categories listed at the top of this schedule) **PURPOSE** Donation Platform Processing Fees Accounting / Banking **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Dogarbox Amount (\$) Payee address; City: Zip Code #4104 Alexandria VA 22307 Belle View Blvd. \$ 1.92 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donation Platform Processing Fees Accounting / Banking **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## 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 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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Eli McKay	3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name				
9115124	Degenbox				
6 Amount (\$)	7 Payee address;	City; State;	Zip Code		
\$2.63	1520 Belle View Blud #	HIOG Alexandria VA	22307		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting / Banking	Donation Platfum Pro	ocessing Fees		
	(c) Check if travel outside of Texas. Complete Schedule T.	ete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
9114124	Arrow Display Signs				
Amount (\$)	Payee address;	City; State;	Zip Code		
\$245.56	1343 S. Staples St. (	Corpus Christi TX	78404		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Stickers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living e	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought O	Office held		
Date	Payee name				
9114124	HEB				
Amount (\$)	Payee address;	City; State;	Zip Code		
\$205.59	3033 S. Port Ave C	Corpus Christi TX	78405		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food Beverage Expense	Food For Event			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living ex	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought C	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

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#### **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 Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eli McKay 4 Date 5 Payee name Walmart 9116124 6 Amount (\$) Zip Code \$ 39 89 1821 S. Padre Island Dr. Corpus Christi TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Event Supplies Event Expense **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 9124124 Donorbox Amount (\$) City: Zip Code \$12.63 1520 Belle View Blvd #4106 Alexandria VA 22307 Category (See Categories listed at the top of this schedule) **PURPOSE** Donation Platform Processing Fees Accounting / Banking OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date 9123124 Balis Grill Amount (\$) Zip Code 3801 Agres St. \$ 155,99 Curpus Christi TX 78405 Description Category (See Categories listed at the top of this schedule) PURPOSE Townhall Catering Event Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

### 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gif/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Cledit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Eli McKay		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name				
9126124	Arrow Display Signs				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$851.56	1343 S. Staples St.	Corpus Chr	ish TX	78404	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Sign	a ge		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Julio					
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, 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 NEEDED					