

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

21

OFFICE USE ONLY

Date Received

Date Filed 10-7-24

Rebecca Huerta
Rebecca Huerta

City Secretary

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Eli N
NICKNAME LAST SUFFIX
McKay

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1008 Marguerite St. Corpus Christi TX 78401

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 271-3124

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Arturo
NICKNAME LAST SUFFIX
Lima

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
317 Peoples St. #706 Corpus Christi TX 78401

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 472-7126

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
7 / 1 / 24 THROUGH 9 / 26 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 5 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages


GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

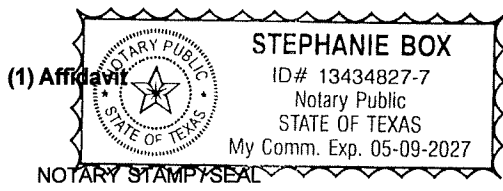
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Eli McKay		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3537.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3381.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2145.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.


Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Eli McKay this the 7 day of Oct., 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Stephanie Box Title of officer administering oath: Notary Public

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Eli McKay

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ■ SCHEDULE A1: 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 CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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 7-8-24	5 Full name of contributor out-of-state PAC (ID#: _____) Monica Ellison 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi TX 78401	7 Amount of contribution (\$) \$333.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self
Date 7-11-24	Full name of contributor out-of-state PAC (ID#: _____) Patty Jones Contributor address; City; State; Zip Code [REDACTED] Corpus Christi TX 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) N/A
Date 7-18-24	Full name of contributor out-of-state PAC (ID#: _____) Merida Forrestt Contributor address; City; State; Zip Code [REDACTED] Corpus Christi TX 78414	Amount of contribution (\$) \$34.67
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) N/A
Date 7-19-24	Full name of contributor out-of-state PAC (ID#: _____) Isabel Araiza Contributor address; City; State; Zip Code [REDACTED] Corpus Christi TX 78412	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 7-22-24	5 Full name of contributor Victoria Rogers out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] City; State; Zip Code Corpus Christi TX 78418	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Real Estate Agent		9 Employer (See Instructions) Self
Date 7-21-24	Full name of contributor Carolyn Kaurila out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City; State; Zip Code Corpus Christi TX 78411	Amount of contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) N/A
Date 7-31-24	Full name of contributor Virginia Oler out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City; State; Zip Code Corpus Christi TX 78404	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 8/2/24	Full name of contributor James Whitworth out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City; State; Zip Code Corpus Christi TX 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Eli Mckay		3 Filer ID (Ethics Commission Filers)
4 Date 8-8-24	5 Full name of contributor Margaret Duran out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78413	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 8-8-24	Full name of contributor Charles C. Webb Jr. out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78412	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 8-14-24	Full name of contributor Sylvia Campos out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78411	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Community Organizer		Employer (See Instructions) For The Greater Good
Date 8-15-24	Full name of contributor Gina McKay out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Victoria MN 55386	Amount of contribution (\$) \$104.42
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 8-26-24	5 Full name of contributor out-of-state PAC (ID#: _____) Jennifer Hay 6 Contributor address; City; State; Zip Code [Redacted] Portland TX 78374	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self
Date 8-29-24	Full name of contributor out-of-state PAC (ID#: _____) Mark Muenster Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78412	Amount of contribution (\$) \$52.37
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed
Date 9-5-24	Full name of contributor out-of-state PAC (ID#: _____) Arturo Lima Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78401	Amount of contribution (\$) \$104.42
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Raices
Date 9/6/24	Full name of contributor out-of-state PAC (ID#: _____) Brittini Young Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78415	Amount of contribution (\$) \$104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 9-11-24	5 Full name of contributor out-of-state PAC (ID#: _____) Cynthia Garza Weber 6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78413	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) N/A
Date 9-11-24	Full name of contributor out-of-state PAC (ID#: _____) Margot Moczygemba Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78414	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 9-12-24	Full name of contributor out-of-state PAC (ID#: _____) Linda White Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78412	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 9-15-24	Full name of contributor out-of-state PAC (ID#: _____) Julie Rogers Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78404	Amount of contribution (\$) \$34.67
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 9-15-24	5 Full name of contributor Sylvia Campos out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78411	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Community Organizer		9 Employer (See Instructions) For The Greater Good
Date 9-15-24	Full name of contributor Rudy Garza out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78404	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self
Date 9-15-24	Full name of contributor Frances Morey out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78404	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 9-15-24	Full name of contributor Dora Wilburn out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78415	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Sun Sanctuary

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 9-15-24	5 Full name of contributor out-of-state PAC (ID#: _____) Sharon Wechsler 6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78414	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 9-23-24	Full name of contributor out-of-state PAC (ID#: _____) Mary Alice Weichman Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78413	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 9-23-24	Full name of contributor out-of-state PAC (ID#: 52-0257109) IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code [Redacted] Washington DC 20001	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

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



September 23, 2024

David A. Carranco
Business Manager
Financial Secretary

Matthew J. Soliz
President

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:

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

Locally Chartered April 24, 1926

2301 Saratoga Blvd. / Corpus Christi, Texas 78417 / Phone: (361) 855-1084 / Fax: (361) 855-3110

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Eli McKay	3 Filer ID (Ethics Commission Filers)
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4 Date 7/8/24	5 Payee name Donorbox
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6 Amount (\$) \$15.79	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria VA 22307
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Donation Plat for Processing Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/9/24	Payee name Texas Democratic Party
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Amount (\$) \$470.00	Payee address; City; State; Zip Code 314 Highland Blvd. Austin TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description VAN Access
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/10/24	Payee name Leslie Ruel
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Amount (\$) \$110.00	Payee address; City; State; Zip Code 5442 Bonham St. Corpus Christi TX 78415
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Eli McKay	3 Filer ID (Ethics Commission Filers)
4 Date 7/11/24	5 Payee name Donor box	
6 Amount (\$) \$4.95	7 Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Donation Platform 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 7/18/24	Payee name Donor box	
Amount (\$) \$1.92	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Donation Platform 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
Date 7/22/24	Payee name Donor box	
Amount (\$) \$11.93	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Donation Platform 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Eli McKay	3 Filer ID (Ethics Commission Filers)
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4 Date 7/22/24	5 Payee name Home Depot
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6 Amount (\$) \$11.89	7 Payee address; City; State; Zip Code 4038 S. Port Ave Corpus Christi TX 78415
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/25/24	Payee name Home Depot
-----------------	--------------------------

Amount (\$) \$53.29	Payee address; City; State; Zip Code 4038 S. Port Ave Corpus Christi TX 78415
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Supplies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/31/24	Payee name Frost Bank
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 501 S. Shoreline Blvd Corpus Christi TX 78401
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Service Charge
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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1 Total pages Schedule F1:	2 FILER NAME Eli McKay	3 Filer ID (Ethics Commission Filers)
-----------------------------------	----------------------------------	--

4 Date 7/31/24	5 Payee name Donor box
--------------------------	----------------------------------

6 Amount (\$) \$4.95	7 Payee address; City; State; Zip Code 1520 Bell View Blvd. #4106 Alexandria VA 22307
--------------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Donation Platform Processing Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/7/24	Payee name Prestige Printing
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Amount (\$) \$238.15	Payee address; City; State; Zip Code 8 Burwood Ln. San Antonio TX 78216
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push Cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/7/24	Payee name Quik Print
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Amount (\$) \$132.04	Payee address; City; State; Zip Code 615 Leopard St. Corpus Christi TX 78401
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push Cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Eli McKay	3 Filer ID (Ethics Commission Filers)
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4 Date 8/14/24	5 Payee name Donor-box
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6 Amount (\$) \$4.95	7 Payee address; 1520 Belle View Blvd. #4106 Alexandria VA 22307	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Donation Platform Processing Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/15/24	Payee name Donorbox
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Amount (\$) \$5.16	Payee address; 1520 Belle View Blvd #4106 Alexandria VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Donation Platform Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/23/24	Payee name Quik Print
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Amount (\$) \$30.18	Payee address; 615 Leopard St. Corpus Christi TX 78401	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Event Fliers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Eli McKay	3 Filer ID (Ethics Commission Filers)
4 Date 8/26/24	5 Payee name Leslie Ruel	
6 Amount (\$) \$169.00	7 Payee address; City; State; Zip Code 5442 Bonham St. Corpus Christi TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Shirts
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/29/24	Payee name Donorbox	
Amount (\$) \$2.74	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Donation Platform Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/5/24	Payee name Donorbox	
Amount (\$) \$5.16	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Donation Platform Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Eli McKay	3 Filer ID (Ethics Commission Filers)
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4 Date 9/5/24	5 Payee name Arrow Display Signs
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6 Amount (\$) \$546.66	7 Payee address; 1343 S. Staples St. Corpus Christi TX 78404	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signage
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/6/24	Payee name Donorbox
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Amount (\$) \$5.16	Payee address; 1520 Belle View Blvd #4106 Alexandria VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Donation Platform Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/9/24	Payee name Quik Print
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Amount (\$) \$36.11	Payee address; 615 Leopard St. Corpus Christi TX 78401	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Event Fliers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Eli McKay	3 Filer ID (Ethics Commission Filers)
4 Date 9/11/24	5 Payee name Donorbox	
6 Amount (\$) \$2.63	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Donation Platform Processing Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/11/24	Payee name Donorbox	
Amount (\$) \$2.63	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Donation Platform Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/15/24	Payee name Donorbox	
Amount (\$) \$1.92	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Donation Platform Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Eli McKay	3 Filer ID (Ethics Commission Filers)
4 Date 9/15/24	5 Payee name Donorbox	
6 Amount (\$) \$2.63	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Donation Platform 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 9/16/24	Payee name Arrow Display Signs	
Amount (\$) \$245.56	Payee address; City; State; Zip Code 1343 S. Staples St. Corpus Christi TX 78404	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stickers
	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 9/16/24	Payee name HEB	
Amount (\$) \$205.59	Payee address; City; State; Zip Code 3033 S. Port Ave Corpus Christi TX 78405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description Food For Event
	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Eli McKay	3 Filer ID (Ethics Commission Filers)
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4 Date 9/16/24	5 Payee name Walmart
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6 Amount (\$) \$39.89	7 Payee address; 1821 S. Padre Island Dr.	City; Corpus Christi	State; TX	Zip Code 78414
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/24/24	Payee name Donorbox
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Amount (\$) \$2.63	Payee address; 1520 Belle View Blvd #4106	City; Alexandria	State; VA	Zip Code 22307
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Bankings	Description Donation Platform Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/24	Payee name Bali's Grill
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Amount (\$) \$155.99	Payee address; 3801 Agnes St.	City; Corpus Christi	State; TX	Zip Code 78405
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Townhall Catering
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Eli McKay	3 Filer ID (Ethics Commission Filers)
4 Date 9/26/24	5 Payee name Arrow Display Signs	
6 Amount (\$) \$851.56	7 Payee address; City; State; Zip Code 1343 S. Staples St. Corpus Christi TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signage
	(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	
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, 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	
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, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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