

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: 13 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Everett A NICKNAME LAST SUFFIX Roy | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14626 Red River Drive Corpus Christi, TX 78410 | Date Received Date Filed 10/7/24 RHuerta Rebecca Huerta Date Hand-delivered or Date Postmarked City Secretary | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 443-9173 | Receipt # | Amount \$ |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Robin NICKNAME LAST SUFFIX Ritchey - Roy | Date Processed | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14626 Red River Dr Corpus Christi, TX 78410 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (724) 816-7386 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07 / 1 / 2024 10 / 5 / 24 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 5 / 24 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) Council member, District 1 | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | | COMMITTEE ADDRESS |
| | | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

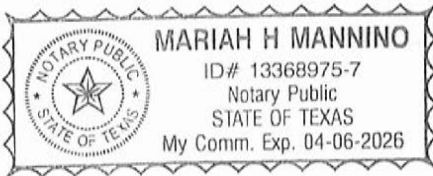
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|------------------------------------|---|--|
| 15 C/OH NAME <u>Everett Roy</u> | | 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) | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>21,151</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>27411.05</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>20,745.11</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

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.



Everett Roy
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Everett Roy this the 7 day of October, 2024, to certify which, witness my hand and seal of office.

[Signature] Mariah Mannino Notary public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 <i>Everett Roy</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>21,151</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ <i>0</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>27411.05</i> |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>0</i> |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>0</i> |
| 10. | <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>0</i> |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i> |

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:

8

2 FILER NAME

Everett Roy

3 Filer ID (Ethics Commission Filers)

4 Date

7/15/24

5 Full name of contributor

WH Hammonds

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500⁰⁰

6 Contributor address:

City:

State:

Zip Code

Corpus Christi, TX 78412

8 Principal occupation / Job title (See Instructions)

Self employed

9 Employer (See Instructions)

Date

7/22/24

Full name of contributor

Kusumakar Sooda

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1000⁰⁰

Contributor address:

City:

State:

Zip Code

Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Date

7/26/24

Full name of contributor

Rodd Village Development

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address:

City:

State:

Zip Code

Corpus Christi, TX 78415

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

Date

7/26/24

Full name of contributor

Tierra Motors LLC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 150⁰⁰

Contributor address:

City:

State:

Zip Code

Corpus Christi, TX 78415

Principal occupation / Job title (See Instructions)

self employed

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.

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

Everett Roy

3 Filer ID (Ethics Commission Filers)

4 Date

7/26/24

5 Full name of contributor

out-of-state PAC (ID#: _____)

Salazar Investments

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

City:

State; Zip Code

Corpus Christi TX 78415

8 Principal occupation / Job title (See Instructions)

self employed

9 Employer (See Instructions)

Date

7/24/24

Full name of contributor

out-of-state PAC (ID#: _____)

William Durrill, Jr

Amount of contribution (\$)

\$ 1000.00

Contributor address:

City:

State; Zip Code

Corpus Christi, TX 78401

Principal occupation / Job title (See Instructions)

self employed

Employer (See Instructions)

Date

7/31/24

Full name of contributor

out-of-state PAC (ID#: _____)

Chad Skrobarczyk Jr.

Amount of contribution (\$)

\$ 1000.00

Contributor address:

City:

State; Zip Code

Corpus Christi, TX 78418

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Date

7/31/24

Full name of contributor

out-of-state PAC (ID#: _____)

Jim Barnette

Amount of contribution (\$)

\$ 1000.00

Contributor address:

City:

State; Zip Code

Corpus Christi TX 78414

Principal occupation / Job title (See Instructions)

self employed

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.

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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

7/31/24

Philip Skrbarczyk

6 Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 1000.00

Corpus Christi TX 78404

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Self Employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

7/31/24

Valero Political Action Committee

Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 1000.00

Corpus Christi TX 78409

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Refinery

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8-12-24

J. Royce Cameron

Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 900.00

Corpus Christi TX 78409

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/13/24

Atlas Tubular

Contributor address: _____ City: _____ State: _____ Zip Code _____

\$ 500.00

Robstown TX 78380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Manufacturer

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

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

Everett Roy

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/24

5 Full name of contributor

Chris Clark

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1000⁰⁰

6 Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78408

8 Principal occupation / Job title (See Instructions)

self employed

9 Employer (See Instructions)

Date

9/9/24

Full name of contributor

Christopher Hamilton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000⁰⁰

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78413

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Date

9/9/24

Full name of contributor

Jeremy Baugh

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000⁰⁰

Contributor address:

City:

State:

Zip Code

Robstown TX 78380

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Date

9/19/24

Full name of contributor

Philip Skrobarczyk

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2000⁰⁰

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78404

Principal occupation / Job title (See Instructions)

self employed

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.

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

Everett Roy

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/24

5 Full name of contributor

Vishnu Reddy

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 1000.00

6 Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78412

8 Principal occupation / Job title (See Instructions)

Doctor

9 Employer (See Instructions)

Date

9/20/24

Full name of contributor

Dan Leyendecker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1000.00

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78418

Principal occupation / Job title (See Instructions)

engineer

Employer (See Instructions)

Date

9/10/24

Full name of contributor

Kochpac

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1000.00

Contributor address:

City:

State:

Zip Code

Houston TX 78701

Principal occupation / Job title (See Instructions)

refinery

Employer (See Instructions)

Date

9/14/24

Full name of contributor

Gloria Hicks

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 5000.00

Contributor address:

City:

State:

Zip Code

Corpus Christi TX

Principal occupation / Job title (See Instructions)

Self employed

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.

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

Everett Roy

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/24

5 Full name of contributor

William + Evon Kelly

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

Corpus Christi, TX 78410

8 Principal occupation / Job title (See Instructions)

Attorney - educator

9 Employer (See Instructions)

Date

9/19/24

Full name of contributor

Deven Bhakta

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

Corpus Christi, TX 78414

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

Date

9/19/24

Full name of contributor

Dhiren Bhaktz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$251.00

Contributor address;

City;

State;

Zip Code

Corpus Christi, TX 78410

Principal occupation / Job title (See Instructions)

hotel owner

Employer (See Instructions)

Date

9/19/24

Full name of contributor

Barton Braselton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$750.00

Contributor address;

City;

State;

Zip Code

Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)

Self employed developer

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.

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

Everett Roy

3 Filer ID (Ethics Commission Filers)

4 Date

9/17/24

5 Full name of contributor

Mike Pusley

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address:

City:

State:

Zip Code

Corpus Christi, TX 78410

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

9/26/24

Full name of contributor

Robert Parker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1000.00

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78469

Principal occupation / Job title (See Instructions)

self employed

Employer (See Instructions)

Date

9/19/24

Full name of contributor

Sylvia Salyer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 150.00

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78403

Principal occupation / Job title (See Instructions)

self employed

Employer (See Instructions)

Date

9/19/24

Full name of contributor

Shawn Flanagan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

City:

State:

Zip Code

Corpus Christi TX 78411

Principal occupation / Job title (See Instructions)

Retired

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.

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 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Kyle + Dr. Tiffany Hooper | 7 Amount of contribution (\$) \$ 150 ⁰⁰ |
| | 6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78410 | |
| 8 Principal occupation / Job title (See Instructions) doctor. | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 10/2/24 Gustavo Barrera | Amount of contribution (\$) \$100 ⁰⁰ |
| | Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78411 | |
| Principal occupation / Job title (See Instructions) Banking | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 9/30/24 Jeff Crabb | Amount of contribution (\$) \$100 ⁰⁰ |
| | Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78413 | |
| Principal occupation / Job title (See Instructions) Banking | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| 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.

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: <i>Attached</i> | 2 FILER NAME <i>Everett Ray</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | | |

Everett Roy Schedule F1

| Expenses | Amount | Date | Category/Purpose | Address |
|--------------------------------|-------------|-----------|------------------------------------|--|
| Callallen Mini Storage | \$ 320.00 | 7/1/2024 | Monthly fee sign & pole storage | 4233 FM624, Robstown, TX |
| Inspiring Social Media | \$ 400.00 | 7/1/2024 | Social Media Management | 13842 Exchequer DR, Corpus Christi, TX 78410 |
| M Ryan Design | \$ 136.99 | 7/8/2024 | Web page mgt | 340 Indiana Ave. Corpus Christi TX 78404 |
| Callallen Booster Club | \$ 500.00 | 8/12/2024 | Advertising | 4205 Wildcat Dr. Corpus Christi TX 78410 |
| Grunwald Printing | \$ 1,525.93 | 7/30/2024 | Printing | 1418 Morgan Eve, Corpus Christi, TX 78404 |
| Cooper Outdoor Advertising | \$ 7,169.10 | 7/22/2024 | Billboard | 115 Waco St, Corpus Christi, TX 78401 |
| Denise Villanobos Campaign | \$ 250.00 | 8/21/2024 | Fundraiser | PO Box 41964, Houston, TX 77241 |
| Milestone Collabrative | \$ 9,285.72 | 10/1/2024 | Campaign Mgt and marketing | 3522 S. Alameda St. Corpus Christi, TX 78411 |
| Tractor Supply | \$ 489.17 | 8/5/2024 | Sign poles and ties | 2917 Hwy 77, Corpus Christi, TX 78410 |
| Sticker Store | \$ 64.95 | 8/5/2024 | Re-elect stickers | 11401 Leopard St, Corpus Christi, TX 78410 |
| Whataburger Field | \$ 693.34 | 8/5/2024 | Meet and Greet | 734 East Port, Corpus Christi, TX 78401 |
| Nueces County Republican Party | \$ 400.00 | 8/12/2024 | Sponsor clay, and dinner | 9849 Leopard St. Corpus Christi, TX 78410 |
| Grass Roots | \$ 4,520.00 | 10/3/2024 | Marketing, Advertising, Phone bank | 4217 Leopard St, CorpusChristi, TX 78410 |
| Anedot | \$ 774.40 | 10/5/2024 | Service Fee | 1340 Poydras St #1770, New Orleans, LA, 70112 |
| Callallen Education Foundation | \$ 600.00 | 10/3/2024 | Community event | 4205 Wildcat Dr. Corpus Christi TX 78410 |
| Future Tech | \$ 281.45 | 10/3/2024 | Report Format computer | 6500 S. Padre Island, Corpus christi, Tx 78412 |

TOTAL

\$ 27,411.05