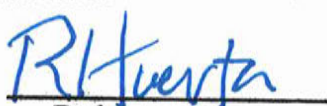


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

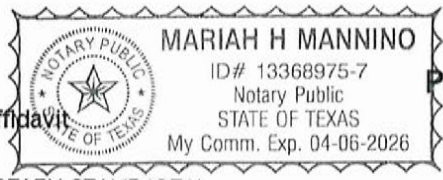
FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed		OFFICE USE ONLY Date Filed <u>12/9/24</u>  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			
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Final report			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify): _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	10	27	2024	12	06	2024

6 EXPLANATION OF CORRECTION
 A-1 has been updated

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


 Signature of Candidate/Officeholder



(1) Affidavit

Please complete either option below:

Sworn to and subscribed before me by Michael Hunter this the 9th day of December, 2024 to certify which, witness my hand and seal of office.

 Signature of officer administering oath
Mariah Mannino
 Printed name of officer administering oath
Notary public
 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr

Michael

T

NICKNAME

LAST

SUFFIX

Hunter

OFFICE USE ONLY

Date Received

Date Filed 12/9/24

Rebecca Huerta

Rebecca Huerta
City Secretary

Date Held (If Applicable) or Date Resigned

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #

CITY

STATE

ZIP CODE

7201 Pharaoh Dr, Corpus Christi, TX 78412

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

548 - 2816

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs

Ceiclia Garcia

NICKNAME

LAST

SUFFIX

Akers

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY

STATE:

ZIP CODE

7201 Pharaoh Dr, Corpus Christi, TX 78412

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

548 - 2816

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

10

27

2024

THROUGH

12

06

2024

11 ELECTION

ELECTION DATE

Month

Day

Year

12

14

2024

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Corpus Christi City Council At-Large

13 OFFICE SOUGHT (if known)

Mayor of Corpus Christi

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

GENERAL

COMMITTEE ADDRESS

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

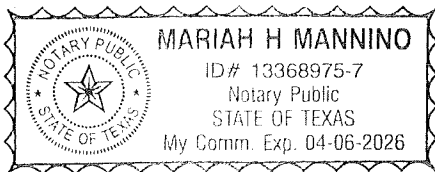
15 C/OH NAME
Michael Hunter

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)	\$	\$273,796.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	1,237.44
	4. TOTAL POLITICAL EXPENDITURES	\$	38,118.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	22,206.12
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.

Michael Hunter
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP - SEAL

Sworn to and subscribed before me by Michael Hunter this the 9th day of December
24, to certify which, witness my hand and seal of office.
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

Michael Hunter

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,997.89
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 230,299.10
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 38,118.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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

3 Filer ID (Ethics Commission Filers)

Michael Hunter

4 Date

5 Full name of contributor

out-of-state PAC ID# _____)

7 Amount of contribution (\$)

See attached

6 Contributor address;

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC ID# _____)

Amount of contribution (\$)

Contributor address;

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC ID# _____)

Amount of contribution (\$)

Contributor address;

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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.

Date	Full name	Contributor address	City	State	Zip	Amount
11/20/2024	Eileen Dodc		Corpus Christi	TX	78410	\$50.00
11/19/2024	John Wranc		CORP CHRISTI	TX	78411	\$200.00
11/19/2024	Ernest R Ga		Corpus Christi	TX	78410	\$1,000.00
11/18/2024	John Holmg		Corpus Christi	TX	78412	\$250.00
11/18/2024	Mr. or Mrs I		Corpus Christi	TX	78404	\$1,000.00
11/17/2024	Rabih Zeida		Corpus Christi	TX	78413	\$100.00
11/16/2024	Jeffery Hilde		Houston	TX	77002	\$2,500.00
11/16/2024	Edward J. Yo		Corpus Christi	TX	78418	\$100.00
11/16/2024	K. Merchan		Corpus Christi	TX	78418	\$50.00
11/16/2024	Todd A. Hur		Corpus Christi	TX	78412	\$500.00
11/16/2024	Stacy J Mes		Corpus Christi	TX	78418	\$100.00
11/15/2024	Dave Hoffm		Corpus Christi	TX	78418	\$500.00
11/15/2024	Melvyn N. K		Corpus Christi	TX	78401	\$750.00
11/14/2024	Dos Gates		Corpus Christi	TX	78411	\$5,000.00
11/14/2024	Glenda and		Corpus Christi	TX	78404	\$500.00
11/13/2024	Nancy Grav		Corpus Christi	TX	78411	\$250.00
11/12/2024	Sean Strawl		Corpus Christi	TX	78404	\$1,041.44
11/11/2024	Charles Smi		Corpus Christi	TX	78418	\$260.59
11/11/2024	Larry & Pau		Corpus Christi	TX	78414	\$500.00
11/10/2024	Daniel John		Corpus Christi	TX	78418	\$50.00
11/9/2024	michael joh		Austin	TX	78701	\$1,041.44
11/8/2024	Ron Lewis		Austin	TX	78701	\$500.00
11/7/2024	Sam Beecro		Corpus Christi	TX	78411	\$500.00
11/6/2024	Lisa McMur		Portland	TX	78374	\$104.42
11/5/2024	Sam L Susse		Dallas	TX	75201	\$1,000.00
11/4/2024	Dan Leyend		Corpus Christi	TX	78418	\$250.00
11/1/2024	Furman Pla:		Corpus Christi	Tx	78418	\$100.00
11/1/2024	William Dur		Corpus Christi	Tx	78401	\$1,500.00
11/1/2024	Gulley Fami		Corpus Christi	TX	78414	\$500.00
11/1/2024	Oso Bridge		Corpus Christi	TX	78415	\$150.00
11/1/2024	Salazar Inve		Corpus Christi	TX	78415	\$125.00
11/1/2024	rodd Village		Corpus Christi	TX	78415	\$100.00

11/1/2024 J&E Rachh t	[REDACTED]	Corpus Christi	TX	78415	\$50.00
11/1/2024 Salazar	[REDACTED]	Corpus Christi	TX	78415	\$125.00
10/18/2024 Coastal Are.	[REDACTED]	Corpus Christi	TX	78414	\$1,000.00
9/25/2024 Sunil and Pa	[REDACTED]	Corpus Christi	TX	78413	\$250.00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:

2 FILER NAME
Michael Hunter 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ See attached	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address: City: State: Zip Code	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
--	--

12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL)(See Instructions)
--	---

14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
---	---

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
---	---

Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)
---	--

Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
--	--

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

Amount	Date	Payee Name	Payee Address	City	State	Zip	Category	Description
\$ 142,532.33	11/18/2024	Thomas J Henry	[REDACTED]	Corp	Texas	78401	Advertising	TV
\$ 18,593.25	11/19/2024	Thomas J Henry	[REDACTED]	Corp	Texas	78401	Advertising	Cable
\$ 14,359.80	11/20/2024	Thomas J Henry	[REDACTED]	Corp	Texas	78401	Advertising	Radio
\$ 10,893.24	11/21/2024	Thomas J Henry	[REDACTED]	Corp	Texas	78401	Advertising	Outdoor
\$ 2,905.48	11/22/2024	Thomas J Henry	[REDACTED]	Corp	Texas	78401	Advertising	Print
\$ 25,000.00	11/23/2024	Thomas J Henry	[REDACTED]	Corp	Texas	78401	Advertising	Digital
\$ 12,000.00	11/24/2024	Thomas J Henry	[REDACTED]	Corp	Texas	78401	Advertising	Production
\$ 4,015.00	11/25/2024	Thomas J Henry	[REDACTED]	Corp	Texas	78401	Advertising	TBD Production
\$ 16,500.00	11/30/2024	Todd Hunter	[REDACTED]	Corp	Texas	78412	Consulting	Murphy Nasica
\$ 5,000.00	11/30/2024	Todd Hunter	[REDACTED]	Corp	Texas	78412	Advertising	Tv Radio

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: Michael Hunter **3** Filer ID (Ethics Commission Filers)

4 Date: **5** Payee name: See attached

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) 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

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 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

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 ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date	Payee Name	Amount	Payee Address	City	State	Zip	Category	Description
12/5/2024	Dreamers and Walkers	2,000	15813 El Socorro Loop	Corpus Christi	Texas	78418	Consulting	Consulting
11/25/2024	Steve Ray and associates	2000	PO box 742	Corpus Christi	Texas	78403	Consulting	Consulting
12/01/20024	Neely's Printing	2834.75	1011 Louisiana Ave	Corpus Christi	Texas	78404	Promotion	Signs
12/2/2024	1983 Mexi Café CC	390.02	5358 Kostoryz Rd	Corpus Christi	Texas	78415	Event	Event
11/27/2024	Gulf Coast Mailing	1995.64	6901 S Padre Island Dr	Corpus Christi	Texas	78412	Advertising	Marketing
11/22/2024	Rock & Roll Sushi	350.11	15121 S Padre Island Dr #	Corpus Christi	Texas	78418	Event	Event
11/19/2024	Steve Ray & Associates	850	PO box 742	Corpus Christi	Texas	78403	Wages	Signs & Sign Wavers
11/15/2024	Gulf Coast Mailing	361.01	6901 S Padre Island Dr	Corpus Christi	Texas	78412	Advertising	marketing
11/13/2024	Tannins Bar and Grill	236.73	7629 S Staples St Ste A111	Corpus Christi	Texas	78413	Event	Event
11/6/2024	Steve Ray and Associates	6000	PO box 742	Corpus Christi	Texas	78403	Advertising	Tv/Radio ad expenses
11/12/2024	Steve Ray and Associates	300	PO box 742	Corpus Christi	Texas	78403	Wages	Signs & Sign Wavers
11/30/2024	Nueces County GOP	100	5151 Flynn Pkwy #103	Corpus Christi	Texas	78411	Advertising	ads
11/4/2024	Steve Ray and Associates	7000	PO box 742	Corpus Christi	Texas	78403	Advertising	tv radio
11/4/2024	Steve Ray and Associates	5000	PO box 742	Corpus Christi	Texas	78403	Advertising	tv radio
12/5/2024	Murphy Nasica	7500	919 Congress Ave Suite 20	Austin	Texas	78701	Consulting	Consulting
10/28/2024	Murphy Nasica	1200	919 Congress Ave Suite 20	Austin	Texas	78701	Consulting	Consulting