

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

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
July 01 / 2026 THROUGH Sept 24 / 2026

11 ELECTION

ELECTION DATE

Month Day Year
Nov 3 / 2026

ELECTION TYPE

☒ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

OFFICE USE ONLY

Date Received

Date Filed 10.5.26

Rebecca Huerta
City Secretary

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DAVE HEASLEY		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)	\$ 3680.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2654.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1025.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

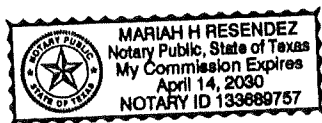
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by **Dave Heasley** this the **5th** day of **October**, 20**20** to certify which, witness my hand and seal of office.

[Signature] **Mariah Resendez** **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

DAVE HEASLEY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3680.00
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	\$ 2654.97
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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 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)
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)
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 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: 4
2 FILER NAME DALE HENSLEY		3 Filer ID (Ethics Commission Filers)
4 Date Aug 25 2026	5 Full name of contributor ☐ out-of-state PAC (ID#) Janifer Mauby	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Corpus Christi TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Aug 11	Full name of contributor ☐ out-of-state PAC (ID#) Kimberly Brieger	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Sept 5 2026	Full name of contributor ☐ out-of-state PAC (ID#) Trevor + Robin Cox	Amount of contribution (\$) 700.00
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Sept 4 2026	Full name of contributor ☐ out-of-state PAC (ID#) Rick Medina	Amount of contribution (\$) \$1600
Contributor address; City; State; Zip Code [REDACTED] 6677 78410		
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.

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 DAVE HEASLEY		3 Filer ID (Ethics Commission Filers)
4 Date Aug 27 2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Carrie Frazier	7 Amount of contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code [REDACTED] LE TX		
8 Principal occupation / Job title (See Instructions) Helicopter Mechanic		9 Employer (See Instructions) CCAD
Date Aug 10 2026	Full name of contributor ☐ out-of-state PAC (ID#: Roland Rivas	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sinton TX		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Hair Barber
Date Aug 14 2026	Full name of contributor ☐ out-of-state PAC (ID#: Jessery Dodson	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 10 2026	Full name of contributor ☐ out-of-state PAC (ID#: Matt Bentley	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) K+R Compressor

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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 DAVE HEASLEY		3 Filer ID (Ethics Commission Filers)
4 Date Aug 27 2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Sonya Mid Kiff	7 Amount of contribution (\$) \$200⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Aug 27	Full name of contributor ☐ out-of-state PAC (ID#: Jill Kramer	Amount of contribution (\$) \$25⁰⁰/_{xx}
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 10/27 \$300 Total	Full name of contributor ☐ out-of-state PAC (ID#: Skipper Kruger	Amount of contribution (\$) \$300⁰⁰/_{xx}
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: Joe Farley	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 DAVE HEASLEY		3 Filer ID (Ethics Commission Filers)
4 Date Aug. 10	5 Full name of contributor ☐ out-of-state PAC (ID#: Cherie Blanton	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code Corpus Christi TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Aug. 10 2026	Full name of contributor ☐ out-of-state PAC (ID#: Jeff Daniels	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug. 10 2026	Full name of contributor ☐ out-of-state PAC (ID#: Chelsea King	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Sept 1 2026	Full name of contributor ☐ out-of-state PAC (ID#: Laura Sandoval	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code Corpus Christi TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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