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)	DANTEL		$\mathcal{M}^{^{MI}}$	OFFICE USE ONLY
IVAIVIE	NICKNAME	LAST		SUFFIX	Date Received
	DAN	GRIM	SBO		Date Filed 10 28 24
4 CANDIDATE/	ADDRESS / PO BOX	; APT / SUITE #;	CITY; S	STATE; ZIP CODE	
OFFICEHOLDER MAILING	15809	LINDO Y	b R		RIL
ADDRESS	10000	c 1.11		nalla	Mueria
Change of Address	AND THE PERSON NAMED OF TH	S CHRISTI		78418	Rebecca Huerta
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	E	EXTENSION	Date GaltyelivSecrotafymarked
PHONE	(217) 3	390-8223			Desire the second of
6 CAMPAIGN	MS /MBS / MR	FIRST		MI	Receipt # Amount \$
TREASURER NAME		MARY		E.	Date Processed
	NICKNAME	LAST	•	SUFFIX	Date Imaged
		GRIMS	180		
7 CAMPAIGN TREASURER	10 mar	(NO PO BOX PLEASE); APT / S		CITY;	STATE; ZIP CODE
ADDRESS	15800		DR		
(Residence or Business)	CORPI	us Chris	STI, T	X 784	18
8 CAMPAIGN	AREA CODE	PHONE NUMBER	E	XTENSION	
TREASURER PHONE	(341) 728-5635				
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year
OOVERED	9	/30/24	THROUG	эн 10,	128/24
11 ELECTION	ELECTION DA	TE		ELECTION TYPE	
	Month Day	Year Primary	Runoff	Other Description	
	11/5/	J4 X General	Specia	<u> </u>	
12 OFFICE	OFFICE HELD (if any)		13 0	OFFICE SOUGHT (if known	
			CI	TY COUN	CIL BISTRICT 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN	MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
		COMMITTEE ADDRESS			
Additional Pages	GENERAL				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDR	ESS	
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	-1 11 607110		16 Filer ID (Ethics Commission Filers)	
DANTE	EL M. GRIMSE	,0		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAI CONTRIBUTIONS MADE ELECT		\$ &	
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS	\$ 2,725.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ &	
,	4. TOTAL POLITICAL EXPENDIT	rures	\$ 7,205.65	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	* 69,00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS O PERIOD	\$ 4,500. ∞	
40 01011			and sometimed includes all information	
	swear, or affirm, under penalty of perjury, the		ie and correct and includes all information	
re	quired to be reported by me under Title 15, Ele	ection Code.		
		11/1/22	1/1/	
		161 Ve/1		
anniniming 3.3 A	DIALI LI ANANANA	x va x x	X	
ARY POPULIVIA	RIAH H MANNINO	Signature of Ca	andidate or Officeholder	
1 (5/502)5)	ID# 13368975-7			
	Notary Public STATE OF TEXAS			
MV SECTION MV	Comm. Exp. 04-06-2026			
) minimum ((1)				
´ ` ` ` ` ` ` ` ` ` ` ` ` ` ` Please complete either option below:				
1				
(1) Affidavit				
NOTARY STAMP/SEA	I			
1007101701710170170170			000	
Sworn to and subscribed	before me by	WIMSUD this the	28 day of October.	
1 11	which, witness my hand and seal of office.			
20, to certify	whien, witness my nand and seal of office.	A A a son : so	Nature mulation	
	MINIM	Nannino	Mojary public	
Signature of officer administe	ering oath Printed name of office	er administering oath	Title of officer administering oath	
		OR		
(2) Unowern Declarati	on			
(2) Unsworn Declarati	on			
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	
EXCOURGE III	County, State of	(mont	h) (year)	
		Signature of Candi	date/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
DANFEL M. GREMSBO		
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 900.00
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
SCHEDULE E: LOANS		\$ 2,000.00
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$1,014.94
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 2,198.03
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$
	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNCTIONS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	SCHEDULE SUBTOTALS SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Instruction Guide explains how to complete this	form	1 Tatal marga Cabadula A1:
	i ionii.	1 Total pages Schedule A1:
EL M. GRIMSBO		3 Filer ID (Ethics Commission Filers)
LORI A. STONER 6 Contributor address; City; JJ38 BIRD ISLAND CORPUS CHRISTI, TX	State; Zip Code R 78418 9 Employer (See Instruc	7 Amount of contribution (\$) # 400. 00
		Amount of contribution (\$)
Contributor address; City; ON - LINE	State; Zip Code	\$ 500. ∞
ation / Job title (See Instructions)	Employer (See Instruct	ions)
		Amount of contribution (\$)
	1	
ation / Job title (See Instructions)	Employer (See Instruct	iions)
Full name of contributor out-of-state PAC	((ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	
ation / Job title (See Instructions)	Employer (See Instruct	ions)
	5 Full name of contributor LORT A. STONER 6 Contributor address; City; JJ38 BTRA TSLAND CORPUS CHRISTI, TX Dation / Job title (See Instructions) Full name of contributor ON - LINE ation / Job title (See Instructions) Full name of contributor Contributor address; City; ON - LINE ation / Job title (See Instructions) Full name of contributor Contributor address; City; ation / Job title (See Instructions) Full name of contributor Contributor address; City; ation / Job title (See Instructions) ATTACHADDITIONAL COPIES (ATTACHADDITIONAL COPIES (ATTACHADI	5 Full name of contributor LORT A. STONER 6 Contributor address; City; State; Zip Code JJ38 BTRA TSLANA CORPUS CHRTSTT, TX 78418 Dation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ON - LTNE ation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:

LOANS SCHEDULE E

If the requested	information is not applicable, DO NOT include the	ils page in the re	port.
The	nstruction Guide explains how to complete this form		1 Total pages Schedule E:
2 FILER NAME DANT	EL M. GRIMSBO		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state PAC (ID#:	30	9 Loan Amount (\$) # 2, 000.
6 Is lender a financial Institution?	15809 LINDO DR	tate; Zip Code	10 Interest rate 11 Maturity date
	n / Job title (See Instructions) 13 Employe	r (See Instructions)	
14 Description of Coll		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	tate; Zip Code	
20 Principal Occupat	on (See Instructions) 21 Employe	r (See Instructions)	
Date of loan	Name of lender)	Loan Amount (\$)
ls lender a financial	Lender address; City; S	itate; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	n / Job title (See Instructions) Employe	r (See Instructions)	
Description of Colla		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable Principal Occupation	on (See Instructions) Employe	r (See Instructions)	
If le	ATTACH ADDITIONAL COPIES OF THIS ander is out-of-state PAC, please see Instruction guid		

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	DANTEL M. GRI	MSBO	3 Filer ID (Ethics Commission Filers)	
4 Date 10 4 34	DREAMERS WAL			
6 Amount (\$) # 1, 000. 00	7 Payee address; P.O. BOX 18639 CORPUS CHRISTI,	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CON SULTING EXP.	(b) Description		
	(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 10/28/24	Payee name PAY PAL FEES			
Amount (\$) \$ 14.94	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FEES			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
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 NEED	DED	
Forms provided by Texas Ethi	ics Commission www.ethics.state.tx.u	IS	Revised 1/1/2024	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME DANIEL M. GRIMSBO 3 Filer ID (Ethics Commission Filers)			
4 Date 10-3-54	5 Payee name SNAP SHOTS			
Amount (\$) 1, 196.53 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 15938 CABO BLANCO DR CORPUS CHRISTI, TX 78418			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	A DV ERTISING MAILER			
	(c) 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 10-9-14	Payee name SNAP SHOTS			
Amount (\$) 591, 83 Reimbursement from political contributions intended	Payee address; CABO BLANCO BR CORPUS CHRISTI, TX 78418			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description CONSULTING EXP.			
	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/C	Candidate / Officeholder name Office sought Office held			
Date 10-35-34	Payee name SNAP SHOTS			
Amount (\$) 18949 Reimbursement from	Payee address; City; State; Zip Code 15938 CABO BLANCO DR			
political contributions intended	CORPUS CHRISTI, TX 78418			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP. PUSH CARDS			
	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			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DANIEL M. GRIMSBO 4 Date 7 Payee address; P. 0. Box 18639

DREAMERS & WALKERS CONSULTING
City; State; Z 10-28-24 6 Amount (\$) \$ 220.17 CORPUS CHRISTI, TX 78480

(a) Category (See Categories listed at the top of this schedule) (b) Description Reimbursement from political contributions intended R **PURPOSE** OF ADVERTISING EXP. **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED