

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: 26		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST W MI Mr. David NICKNAME LAST SUFFIX Ainsworth Sr.		OFFICE USE ONLY Date Received Date Filed <u>10/5/26</u> Date Hand-Delivered or Date Postmarked Rebecca Huerta City Secretary Date Processed Date Imaged		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 10386 Corpus Christi, Texas 78460				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 813-4466				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Judy NICKNAME LAST SUFFIX Moseley K				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15317 Guadalupe River Drive				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 941-5730				
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 07 / 01 / 2026 THROUGH Month Day Year 09 / 24 / 2026				
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2026 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor, City 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. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; padding: 5px;"> ☐ Additional Pages ☐ GENERAL ☐ SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			☐ Additional Pages ☐ GENERAL ☐ SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
☐ Additional Pages ☐ GENERAL ☐ SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

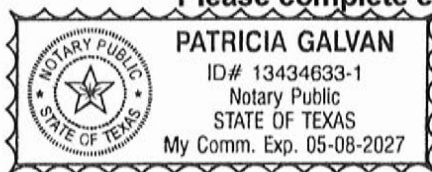
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,771.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 46,676.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,174.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,080.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by David W Ainsworth this the 5th day of October, 2026 to certify which, witness my hand and seal of office.

[Signature] Patricia Galvan 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,771.02
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	☒ SCHEDULE E: LOANS	\$ 30,080.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 46,676.96
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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: <u>1</u>
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 07/03/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Freddy Cocek 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78460	7 Amount of contribution (\$) \$95.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/03/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sheri & Grant Hilliard Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410	Amount of contribution (\$) \$287.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chip Olds Contributor address; City; State; Zip Code [REDACTED] Waco, Texas 76708	Amount of contribution (\$) \$239.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pete Cunningham Contributor address; City; State; Zip Code [REDACTED] Sweeny, Texas 77480	Amount of contribution (\$) \$95.70
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: 2
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 07/08/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Page Lopez 6 Contributor address; City; State; Zip Code [REDACTED] Erie Colorado 80516	7 Amount of contribution (\$) \$23.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/08/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kenneth Griffin Contributor address; City; State; Zip Code [REDACTED] Robstown, Texas 78380	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stephen Holder Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78411	Amount of contribution (\$) \$479.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/20/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gregory Gamble Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78413	Amount of contribution (\$) \$95.70
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:

3

2 FILER NAME

David Ainsworth Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

07/20/26

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Chapman

7 Amount of contribution (\$)

\$959.70

6 Contributor address;

City;

State;

Zip Code

Corpus Christi, Texas 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/24/26

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kiech Jung

Amount of contribution (\$)

\$479.70

Contributor address;

City;

State;

Zip Code

San Antonio, Texas 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/24/26

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chuck Johnson

Amount of contribution (\$)

\$959.70

Contributor address;

City;

State;

Zip Code

Corpus Christi, Texas 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/28/26

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MTM Management

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Robstown, Texas 78380

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 David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 07/28/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CASH 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$90.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/28/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) All Saints Land & Exploration LLC Contributor address; City; State; Zip Code [REDACTED] San Antonio, Texas 78270	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Steven Marcek Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ronald Rychetsky Contributor address; City; State; Zip Code [REDACTED] Robstown, Texas 78380	Amount of contribution (\$) \$200.00
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: 6
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 07/28/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Billy L Gillen 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/28/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Scott Hines Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Charles McCrann Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78411	Amount of contribution (\$) \$100.00
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 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: 6
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 08/03/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Katrina Gentry 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Roger Timperlake Contributor address; City; State; Zip Code [REDACTED] Corpus Chrisri, Texas 78413	Amount of contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Paul Dirks Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) David C Loeb Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78411	Amount of contribution (\$) \$1,000.00
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: 1
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 08/21/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Carol Huntsinger 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410	7 Amount of contribution (\$) \$95.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/24/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Reagan Sahadi Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78412	Amount of contribution (\$) \$479.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brenda Weathered Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78411	Amount of contribution (\$) \$47.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) CASH Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
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: 2
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 08/26/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CASH 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/26/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jamie Amaya Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78411	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert Parker Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78469	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kathy Gaither Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78412	Amount of contribution (\$) \$95.70
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: 9
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 09/03/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) John Howard 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, Texas 78209	7 Amount of contribution (\$) \$959.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mary McQueen Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78414	Amount of contribution (\$) \$143.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Randy Starnes Contributor address; City; State; Zip Code [REDACTED] Missouri, Texas 77459	Amount of contribution (\$) \$57.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dwight Eisenhower Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78426	Amount of contribution (\$) \$1,000.00
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: 10
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 09/18/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jacquelyn Kingsbury 6 Contributor address; City; State; Zip Code [REDACTED] Houston, Texas 77008	7 Amount of contribution (\$) \$9,599.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Clifford Stagg Contributor address; City; State; Zip Code [REDACTED] Spring Branch, Texas 78070	Amount of contribution (\$) \$95.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jerry Packer Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78418	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sarah OBrien Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410	Amount of contribution (\$) \$1919.70
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: 11
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) RBFCU 6 Contributor address; City; State; Zip Code [REDACTED] Universal City 78148-2097	7 Amount of contribution (\$) .71Cents
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/31/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) RBFCU Contributor address; City; State; Zip Code [REDACTED] Universal City 78148-2097	Amount of contribution (\$) .60 Cents
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Harland Clarke Contributor address; City; State; Zip Code	Amount of contribution (\$) \$8.11
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.		

LOANS**SCHEDULE E**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 E: 121
2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ \$25,040.00
5 Date of loan 07/02/2026	7 Name of lender ☐ out-of-state PAC (ID#: _____) David Ainsworth Sr.	9 Loan Amount (\$) \$20,000.00
6 Is lender a financial Institution? Y ☒ N	8 Lender address; City; State; Zip Code P.O. Box 10005 Corpus Christi, Texas 78460	10 Interest rate 0%
		11 Maturity date On Demand
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions) ☐
14 Description of Collateral ☒ none		15 ☒ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 07/03/26	Name of lender ☐ out-of-state PAC (ID#: _____) David Ainsworth Sr.	Loan Amount (\$) \$5040.00
Is lender a financial Institution? Y ☒ N	Lender address; City; State; Zip Code P.O. Box 10005 Corpus Christi, Texas 78460	Interest rate 0%
		Maturity date On Demand
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ☐ none		☐ Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: 1		2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 07/01/2026		5 Payee name Texas Democratic Party			
6 Amount (\$) \$2,000.00		7 Payee address; City; State; Zip Code P.O. Box 140390 Dallas, Texas 75214			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation		(b) Description Chair Sponsorship		
	(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					
Date 07/01/26		Payee name Grunwald Printing			
Amount (\$) \$3,137.14		Payee address; City; State; Zip Code 1418 Morgan Ave. Corpus Christi, Texas 78404			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign Signs		
	☐ 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					
Date 07/01/2026		Payee name Mustard Seed Strategies			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 101 N Shoreline Ste 420 Corpus Christi, Texas 78401			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 5X Day Song Happy B Day USA		
	☐ 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					
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	2 FILER NAME David Ainsworth Sr.	3 Filer ID (Ethics Commission Filers)			
4 Date 07/10/26	5 Payee name Halen Cocek				
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 15334 Chianti Lane Corpus Christi, Texas 78410				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contractor Labor	(b) Description Hanging Campaign Signs			
	(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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 07/10/26	Payee name Vincent Ramirez				
Amount (\$) \$400.00	Payee address; City; State; Zip Code 4401 River Valley Drive Corpus Christi, Texas 78410				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Signs			
	☐ 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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: 3	2 FILER NAME David Ainsworth Sr.	3 Filer ID (Ethics Commission Filers)			
4 Date 07/10/26	5 Payee name Vincent Ramirez				
6 Amount (\$) \$110.00	7 Payee address; City; State; Zip Code 4401 River Valley Drive				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contractor Labor	(b) Description Hanging Campaign Signs			
	(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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 07/16/26	Payee name Grunwald Printing				
Amount (\$) \$967.72	Payee address; City; State; Zip Code 1418 Morgan Ave. Corpus Christi, Texas 78404				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Signs			
	☐ 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 07/14/2026	Payee name Halen Cocek				
Amount (\$) \$ \$110.00	Payee address; City; State; Zip Code 15334 Chianti Lane Corpus Christi, Texas 78410				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Hanging Campaign Signs			
	☐ 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME David Ainsworth Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 07/16/26	5 Payee name Halen Cocek	
6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code 15334 Chianti Lane Corpus Christi, Texas 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contractor Labor	(b) Description Hanging Campaign Signs
	(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 07/16/26	Payee name Hayden Graves	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 4610 County Road 56 Robstown, Texas 78410	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Signs
	☐ 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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME David Ainsworth Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 07/22/26	5 Payee name Brewste Street Ice House	
6 Amount (\$) \$1,950.46	7 Payee address; City; State; Zip Code 1724 N Tancagua Corpus Christi, Texas 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense/ Food & Beverage	(b) Description Venue Production KickOff Campaign
	(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 07/27/26	Payee name Kelly Kenning	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1224 Roosevelt St. Alice, Texas 78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Artist Performance
	☐ 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 07/28/26	Payee name Hayden Graves	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 4610 County Road 56 Robstown, Texas 78410	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Hanging Campaign Signs
	☐ 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

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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: <u>10</u>		2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 07/28/26		5 Payee name Vincent Ramirez			
6 Amount (\$) \$160.00		7 Payee address; City; State; Zip Code 4401 River Valley Drive			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Hanging Campaign Signs		
	(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					
Date 07/28/26		Payee name Halen Cocek			
Amount (\$) \$688.79		Payee address; City; State; Zip Code 15334 Chianti Lane Corpus Christi, Texas 78410			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Hanging Campaign Signs		
	☐ 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					
Date 08/04/26		Payee name Coastal Media			
Amount (\$) \$3,876.36		Payee address; City; State; Zip Code 7405 Lake Superior, Corpus Christi, Texas 78413			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing, & Campaign Services Consulting Services		Description Rack Cards, Photography & Video, Campaign		
	☐ 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					
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>7</u>		2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 08/04/26		5 Payee name Grunwald Printing			
6 Amount (\$) \$188.97		7 Payee address; City; State; Zip Code 1418 Morgan Ave. Corpus Christi, Texas 78404			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Return Envelopes Donations		
	(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 08/04/26		Payee name Impact Marketing			
Amount (\$) \$1,734.80		Payee address; City; State; Zip Code 423 Schatzel Street Corpus Christi, Texas 78401			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Shirts		
	☐ 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 08/05/26		Payee name Mustard Seed Strategies			
Amount (\$) 300.00		Payee address; City; State; Zip Code 101 N Shoreline Ste 420 Corpus Christi, Texas 78401			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Photo Booth		
	☐ 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

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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: 5		2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 08/13/26		5 Payee name Halen Cocek			
6 Amount (\$) \$609.06		7 Payee address; City; State; Zip Code 15334 Chianti Lane Corpus Christi, Texas 78410			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contractor Labor		(b) Description Hanging Campaign Signs		
	(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					
Date 08/13/26		Payee name Mason Sullivan			
Amount (\$) \$257.50		Payee address; City; State; Zip Code 14648 Sweetwater Creek Drive, Corpus Christi, Texas 78410			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Campaign Signs		
	☐ 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					
Date 08/13/26		Payee name Harland Clarke			
Amount (\$) \$ \$27.05		Payee address; City; State; Zip Code wwwordermychecks.com			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Check Order		
	☐ 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					
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: <u>9</u>		2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 08/26/26		5 Payee name Coastal Media			
6 Amount (\$) \$8,178.02		7 Payee address; City; State; Zip Code 7405 Lake Superior, Corpus Christi, Texas 78413			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense Event Expense/Food & Beverage Marketing, & Campaign Services		(b) Description Signs, Video, TPost, Food and Beverage.		
	(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					
Date 09/17/26		Payee name Grunwald Printing			
Amount (\$) \$519.60		Payee address; City; State; Zip Code 1418 Morgan Ave. Corpus Christi, Texas 78404			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description 48x48 Signs		
	☐ 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					
Date 09/20/26		Payee name Coastal Media			
Amount (\$) \$12,538.09		Payee address; City; State; Zip Code 7405 Lake Superior, Corpus Christi, Texas 78413			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing, & Campaign Services		Description consulting fee, consulting law, ABC Luncheon, El Tejano Services, Storage Bldg, hang sign, Video, Meet&Greet, Tpost, PIBA Bulletin, tbl westside business.		
	☐ 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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1If 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
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME David Ainsworth Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 07/31/26		5 Payee name Anedot			
6 Amount (\$) \$52.80		7 Payee address; City; State; Zip Code 3723 Greenville Ave. Suite 41002 Dallas, Texas 75206			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Handling Fee for Political Contribution		
	(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 08/31/26		Payee name Anedot			
Amount (\$) \$142.70		Payee address; City; State; Zip Code 3723 Greenville Ave. Suite 41002 Dallas, Texas 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Handling Fee for Political Contribution		
	☐ 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 09/25/26		Payee name Anedot			
Amount (\$) \$527.90		Payee address; City; State; Zip Code 3723 Greenville Ave. Suite 41002 Dallas, Texas 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Handling Fee for Political Contribution		
	☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David Ainsworth Sr.	3 Filer ID (Ethics Commission Filers)			
4 Date 09/23/26	5 Payee name Retro Radio LLC/ DJ Events				
6 Amount (\$) \$5,040.00	7 Payee address; City; State; Zip Code 701 Benys Road Corpus Christi, Texas 78408				
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 <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED