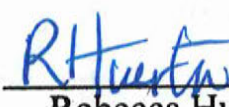


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 11														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:30%;">MS / MRS / MR MS</td> <td style="width:30%;">FIRST Stacie</td> <td style="width:40%;">MI MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST Garrecht</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR MS	FIRST Stacie	MI MI	NICKNAME	LAST Garrecht	SUFFIX	OFFICE USE ONLY Date Received Date Filed 10-5-26  Rebecca Huerta City Secretary Date Hand Delivered or Date Postmarked <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
MS / MRS / MR MS	FIRST Stacie	MI MI															
NICKNAME	LAST Garrecht	SUFFIX															
Receipt #	Amount \$																
Date Processed																	
Date Imaged																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	<table style="width:100%;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td>2614 Whirlwind St</td> <td></td> <td>Corpus Christi TX</td> <td></td> <td>78414</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2614 Whirlwind St		Corpus Christi TX		78414					
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE													
2614 Whirlwind St		Corpus Christi TX		78414													
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%;"> <tr> <td style="width:30%;">AREA CODE</td> <td style="width:30%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td>(361)</td> <td>548-3470</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(361)	548-3470										
AREA CODE	PHONE NUMBER	EXTENSION															
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6 CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:30%;">MS / MRS / MR</td> <td style="width:30%;">FIRST Jennifer</td> <td style="width:40%;">MI MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST Ellis</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST Jennifer	MI MI	NICKNAME	LAST Ellis	SUFFIX									
MS / MRS / MR	FIRST Jennifer	MI MI															
NICKNAME	LAST Ellis	SUFFIX															
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>310 Louise Dr</td> <td></td> <td>Corpus Christi TX</td> <td></td> <td>78404</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	310 Louise Dr		Corpus Christi TX		78404				
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AREA CODE	PHONE NUMBER	EXTENSION															
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9 REPORT TYPE	<table style="width:100%;"> <tr> <td>☐ January 15</td> <td>☒ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ 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)						
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>08</td> <td>17</td> <td>2026</td> <td></td> <td>09</td> <td>24</td> <td>2026</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	08	17	2026		09	24	2026
Month	Day	Year	THROUGH	Month	Day	Year											
08	17	2026		09	24	2026											
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special </td> </tr> <tr> <td>11 / 03 / 2026</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special	11 / 03 / 2026									
ELECTION DATE	ELECTION TYPE																
Month Day Year	☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special																
11 / 03 / 2026																	
12 OFFICE	<table style="width:100%;"> <tr> <td style="width:50%;">OFFICE HELD (if any)</td> <td style="width:50%;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td>N/A</td> <td>Corpus Christi City Council, District 4</td> </tr> </table>			OFFICE HELD (if any)	OFFICE SOUGHT (if known)	N/A	Corpus Christi City Council, District 4										
OFFICE HELD (if any)	OFFICE SOUGHT (if known)																
N/A	Corpus Christi City Council, District 4																
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td style="width:80%;">COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
COMMITTEE TYPE	COMMITTEE NAME																
☐ GENERAL	COMMITTEE ADDRESS																
☐ SPECIFIC	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 Stacie Garrecht		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)	\$ 1,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,114.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,104.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,600.00

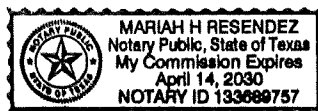
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Stacie Garrecht

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stacie Garrecht this the 5th day of October,

2026, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Mariah Resendez

Printed name of officer administering oath

Notary public

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Stacie Garrecht, and my date of birth is _____.

My address is 2614 Whirlwind St, Corpus Christi, TX, 78414, USA.
(street) (city) (state) (zip code) (country)

Executed in Nueces County, State of Texas, 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 Stacie Garrecht

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,750.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	☐	SCHEDULE E: LOANS	\$ 2,600.00
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,014.58
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.00
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 5
2 FILER NAME Stacie Garrecht		3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2026	5 Full name of contributor ☒ out-of-state PAC (ID#: _____) IBEW PAC Voluntary Fund 6 Contributor address; City; State; Zip Code [REDACTED] Washington, DC 20001	7 Amount of contribution (\$) \$ 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Corpus Christi AFT C.O.P.E. Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78411	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Janice Reintjes Contributor address; City; State; Zip Code [REDACTED] Olathe, KS 66215	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Victoria Rogers Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78418	Amount of contribution (\$) \$ 25.00
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: 5
2 FILER NAME Stacie Garrecht		3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) John Morris 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78418	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/04/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Matthew Connolly Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78701	Amount of contribution (\$) \$ 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mathew Goff Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kenneth Grigsby Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78418	Amount of contribution (\$) \$ 25.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Stacie Garrecht		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Margaret Duran and Jose Miguel Duran 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78413	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marshall Anderson Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78403	Amount of contribution (\$) \$ 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Thomas Helling Contributor address; City; State; Zip Code [REDACTED] Lenexa, KS 66220	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Seth Spaniol Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	Amount of contribution (\$) \$ 10.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Stacie Garrecht		3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Xavier Fonseca 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78415	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Diego Matthews Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78413	Amount of contribution (\$) \$ 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Larry Messer Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78413	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dagoberto Gonzalez Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78418	Amount of contribution (\$) \$ 50.00
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: 5
2 FILER NAME Stacie Garrecht		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Barbara Craigschniepp 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	7 Amount of contribution (\$) \$ 5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Janice Reintjes Contributor address; City; State; Zip Code [REDACTED] Olathe, KS 66215	Amount of contribution (\$) \$ 50.00
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)
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: 1
2 FILER NAME Stacie Garrecht		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 08/28/2026	7 Name of lender ☐ out-of-state PAC (ID#: _____) Stacie Garrecht	9 Loan Amount (\$) \$ 2,500.00
6 Is lender a financial institution? Y ☒ N	8 Lender address; City; State; Zip Code 2614 Whirlwind St, Corpus Christi, TX 78414	10 Interest rate 0%
		11 Maturity date N/A
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 08/25/2026	Name of lender ☐ out-of-state PAC (ID#: _____) Stacie Garrecht	Loan Amount (\$) \$ 100.00
Is lender a financial institution? Y ☒ N	Lender address; City; State; Zip Code 2614 Whirlwind St, Corpus Christi, TX 78414	Interest rate 0%
		Maturity date N/A
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
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: 1	2 FILER NAME Stacie Garrecht	3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2026	5 Payee name 3D Signs	
6 Amount (\$) \$ 1,785.58	7 Payee address; City; State; Zip Code 7986 1st St, Somerset, TX 78069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign yard signs and 4x4 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	Candidate / Officeholder name	Office sought Office held
Date 09/14/2026	Payee name 3D Signs	
Amount (\$) \$ 209.22	Payee address; City; State; Zip Code 7986 1st St, Somerset, TX 78069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign push cards
	☐ 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 09/23/2026	Payee name ActBlue	
Amount (\$) \$ 19.78	Payee address; City; State; Zip Code 366 Summer St, Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online contribution processing fees, 9/3/26 to 9/23/26
	☐ 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 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	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 G: 1		2 FILER NAME Stacie Garrecht		3 Filer ID (Ethics Commission Filers)	
4 Date 08/17/2026		5 Payee name City of Corpus Christi, City Secretary			
6 Amount (\$) \$ 100.00 ☐ Reimbursement from political contributions intended		7 Payee address; 1201 Leopard St, Corpus Christi, TX 78401 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Candidate filing fee, City Council District 4		
	(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		Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended		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 Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended		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 Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED