

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 Ms. NICKNAME Laura			FIRST MI LAST SUFFIX Flores Commons	OFFICE USE ONLY		
					Date Received Date Filed 1-13-26		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 502 Delaine Dr., Corpus Christi, Tx 78411						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 834-8724	EXTENSION		Date Handwritten Name Marked R Huerta Rebecca Huerta City Secretary		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. NICKNAME Chris			FIRST MI LAST N. Adler	Receipt # Amount \$		
				SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 101 Alta Plaza, Corpus Christi, Tx 78411				STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 850-0500	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 12	Day 22	Year / 25	THROUGH	Month 1	Day / 15	Year / 26
11 ELECTION	ELECTION DATE Month 11 / Day 3 / Year / 26				ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description _____		
12 OFFICE	OFFICE HELD (if any) n/a			13 OFFICE SOUGHT (if known) City of Corpus Christi Council District 2			
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.						
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME n/a					
		COMMITTEE ADDRESS n/a					
		COMMITTEE CAMPAIGN TREASURER NAME n/a					
		COMMITTEE CAMPAIGN TREASURER ADDRESS n/a					

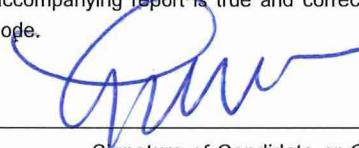
GO TO PAGE 2

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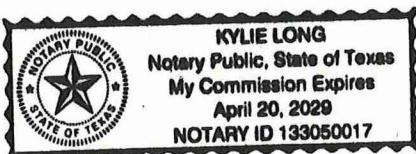
FORM C/OH
COVER SHEET PG 2

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

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.


Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kylie Long this the 13 day of January,
20 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Notary Public - TX
Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____, _____.

(street)

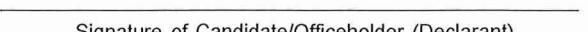
(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)


Signature of Candidate/Officeholder (Declarant)