

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT 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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dr. Nancy Susan Vera NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received Date Filed <u>10-6-26</u> Rebecca Huerta City Secretary Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 270162 Corpus Christi, Texas 78427 ☐ Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 774.2227		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Alex Amador NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 773 Elk Drive Corpus Christi, Texas 78414		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 537.7498		
9 REPORT TYPE	X 30th Day Before Election		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2026 THROUGH 09/24/2026		
11 ELECTION	ELECTION DATE ELECTION TYPE 11/03/2026 General		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Corpus Christi City Council At-Large	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME PAC Plumbers Local Union #68 P.O. Box 8746 Houston, Texas 77429		

COMMITTEE(S)

PAC Corpus Christi American Federation of Teachers
4455 South Padre Island Drive Suite 48
Corpus Christi, Texas 78411

☐ Additional Pages

General

GO TO PAGE 2

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 _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

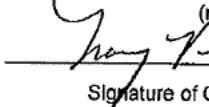
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Nancy Susan Vera, and my date of birth is [REDACTED].
My address is P.O. Box 270162, Colpus Christi, Tx, 78422, US.
(street) (city) (state) (zip code) (country)
Executed in Nueces County, State of Texas, on the 5th day of October, 20 26.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER
SHEET PG 2

15 C/OH NAME Nancy Susan Vera		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,100.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$5,201.97
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$2,100.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Nancy Susan Vera		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,100.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4.	☐ SCHEDULE E: LOANS	\$0
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
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	\$4,804.97
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$397.00
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: 1/2
2 FILER NAME NANCY SUSAN VERA		3 Filer ID (Ethics Commission Filers)
4 Date 09/01/26	5 Full name of contributor ☐ out-of-state PAC (ID#: NELAA MARTINEZ 6 Contributor address: City: State: Zip Code Corpus Christi, Tx. 78412	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self-Employed
Date 9/14/26	Full name of contributor ☐ out-of-state PAC (ID#: MARTA L. DE LUNA Contributor address: City: State: Zip Code Cor Converse, Tx. 78109	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/16/26	Full name of contributor ☐ out-of-state PAC (ID#: Becky Moeller Contributor address: City: State: Zip Code Corpus Christi, Tx. 78412	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/26	Full name of contributor ☐ out-of-state PAC (ID#: Plumbers Local Union #68 PAC Fund Contributor address: City: State: Zip Code Houston, Texas 77429	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: 2/2
2 FILER NAME NANCY SUSAN VERA		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/24	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Corpus Christi Am. Fed. of Tchrs. 3456 PAC 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX. 78411	7 Amount of contribution (\$) \$ 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4: 1/3

2 FILER NAME

Nancy Susan Vera

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

Security Services Federal Credit Union

6 PAYMENT

(a) Amount Charged

\$ 150.00

(b) Date Expenditure Charged

09/02/26

(c) Date(s) Credit Card Issuer Paid

09/02/26

7 PAYEE

(a) Payee name

The Home Depot
#0526

(b) Payee address;

City,

State,

Zip Code

5001 SPID Corpus Christi, Tx. 78411

8 PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Transportation Exp. & Related Exp.

(b) Description

Truck Rental

(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

PAYMENT

(a) Amount Charged

\$ 1,435.13

(b) Date Expenditure Charged

09/02/26

(c) Date(s) Credit Card Issuer Paid

09/02/26

PAYEE

(a) Payee name

3D Signs

(b) Payee address;

City,

State,

Zip Code

7986 1st St. Somerset, Tx. 78069

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Printing Expense

(b) Description

Signs

(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

PAYMENT

(a) Amount Charged

\$ 252.22

(b) Date Expenditure Charged

09/02/26

(c) Date(s) Credit Card Issuer Paid

09/02/26

PAYEE

(a) Payee name

Prestige Printing LLC

(b) Payee address;

City,

State,

Zip Code

8 Burwood Lane San Antonio, Tx. 78216

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Printing Expense

(b) Description

Campaign Lit. Cards

(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2/3 2 FILER NAME NANCY SUSAN VERA 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD ISSUER

Name of financial institution

Security Services Federal Credit Union

6 PAYMENT

(a) Amount Charged

\$ 2,029.69

(b) Date Expenditure Charged

09/01/26

(c) Date(s) Credit Card Issuer Paid

09/02/26

7 PAYEE

(a) Payee name

Prestige Printing LLC

(b) Payee address;

City,

State,

Zip Code

8. Burwood Ln. San Antonio, Tx. 78216

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Printing Expense

(b) Description

Signs

☒ Political
☐ Non-Political

(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

PAYMENT

(a) Amount Charged

\$ 25.47

(b) Date Expenditure Charged

09/03/26

(c) Date(s) Credit Card Issuer Paid

09/03/26

PAYEE

(a) Payee name

The Home Depot #0526

(b) Payee address;

City,

State,

Zip Code

5041 SPID Corpus Christi, Tx. 78411

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Transportation

(b) Description

Truck Rental Deposit

☒ Political
☐ Non-Political

(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

PAYMENT

(a) Amount Charged

\$ 50.00

(b) Date Expenditure Charged

09/03/26

(c) Date(s) Credit Card Issuer Paid

09/03/26

PAYEE

(a) Payee name

Cevallos Valero

(b) Payee address;

City,

State,

Zip Code

526 W. Cevallos San Antonio, Tx. 78204

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Transportation exp. & Related expenses

(b) Description

FUEL/SIGNS

☒ Political
☐ Non-Political

(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3/3	2 FILER NAME Nancy Susan Vera	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

Security Services Federal Credit Union

6 PAYMENT

(a) Amount Charged

\$ 30.00

(b) Date Expenditure Charged

09/03/26

(c) Date(s) Credit Card Issuer Paid

09/03/26

7 PAYEE

(a) Payee name

H&B Gasoline #1

(b) Payee address;

7004 S. Zarzamora San Antonio, TX 78224

City, State, Zip Code

8 PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Transportation Exp. & Related Expenses

(b) Description

Fuel for Rental Truck

(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

PAYMENT

(a) Amount Charged

\$ 650.00

(b) Date Expenditure Charged

09/04/2026

(c) Date(s) Credit Card Issuer Paid

09/04/26

PAYEE

(a) Payee name

2 The T

(b) Payee address;

6534 Yorktown Blvd Corpus Christi, TX 78414

City, State, Zip Code

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Printing Expense

(b) Description

T-Shirts

(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

PAYMENT

(a) Amount Charged

\$ 181.86

(b) Date Expenditure Charged

09/01/26

(c) Date(s) Credit Card Issuer Paid

09/09/26

PAYEE

(a) Payee name Gulf Coast
Mailing and Printing
Services

(b) Payee address;

P.O. Box 9312 Corpus Christi, TX 78469

City, State, Zip Code

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Printing Expense

(b) Description

Donation Envelopes

(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

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
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 G: 1/2	2 FILER NAME Nancy Susan Vera	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2026	5 Payee name Jamie Garcia	
6 Amount (\$) \$ 100.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1934 Glenfield Dr. Corpus Christi, Tx. 78416	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	
	(b) Description Graphic Design/Signs	
☐ 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 09/01/2026	Payee name Jamie Garcia	
Amount (\$) \$ 100.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1934 Glenfield Dr. Corpus Christi, Texas 78416	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	
	Description Graphic Design/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		
Date 09/01/26	Payee name United States Postal Services	
Amount (\$) 97.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6742 Weber Rd. Corpus Christi, Texas 78413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	
	Description P.O. Box	
☐ 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	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: 2/2	2 FILER NAME Nancy Susan Vera	3 Filer ID (Ethics Commission Filers)
4 Date 08/17/26	5 Payee name City of Corpus Christi	
6 Amount (\$) 100.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1201 Leopard St. Corpus Christi, Texas 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description Filing Fee
	(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	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 ONLY 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED