

# 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:

10

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Adalberto

NICKNAME

LAST

SUFFIX

Carrillo

III

OFFICE USE ONLY

Date Received

Date Filed 10/24/24

Rebecca Huerta

City Secretary

Date (Marked with \* if not marked)

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4045 Killarmet Dr Corpus Christi, TX 78413

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 361 )

331-9625

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Alan

NICKNAME

LAST

SUFFIX

Kreuger

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6901 South Padre Island Dr., Corpus Christi, TX 78412

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 361 )

815-5586

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

9

27

24

THROUGH

Month

Day

Year

10

26

24

11 ELECTION

ELECTION DATE

Month

Day

Year

11

5

24

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Corpus Christi City Council District 3

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

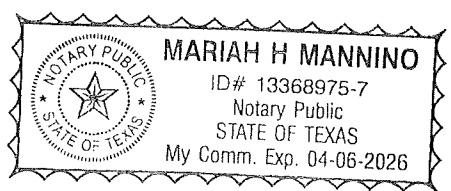
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> ADALBERTO CARRILLO III		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,805.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,473.14
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,350.00

**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 Adalberto Carrillo III this the 24 day of October

2024 to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Mariah Mannino 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

ADALBERTO CARRILLO III

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,805.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ■ SCHEDULE E: LOANS	\$ 3,350.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,473.14
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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

**ADALBERTO CARRILLO III**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**SEE ATTACHED**

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

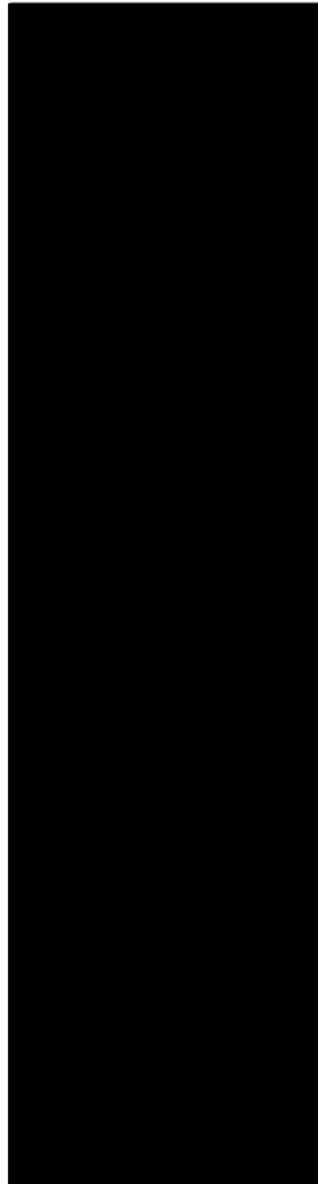
**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

**A1 - CONTRIBUTIION REPORT**

DATE	AMOUNT	DONOR	ADDRESS	CITY	STATE	ZIP
4/14/2024	\$ 1,000.00	DIANA CARRILLO		CORPUS CHRISTI	TEXAS	78416
4/14/2024	\$ 500.00	PASTOR RICHARD & LAURA MILBY		CORPUS CHRISTI	TEXAS	78410
4/14/2024	\$ 300.00	JAIME GARCIA		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 250.00	PASTOR RICHARD HOOD		CORPUS CHRISTI	TEXAS	78413
4/14/2024	\$ 250.00	JESUS J. JIMENEZ		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 200.00	DAVID & LAURA LERMA		CORPUS CHRISTI	TEXAS	78418
4/14/2024	\$ 110.00	DAVID J. & GLENDA JEFFERIES		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 100.00	EDWARD ORTIZ		CORPUS CHRISTI	TEXAS	78411
4/14/2024	\$ 100.00	SHAWN FLANAGAN		CORPUS CHRISTI	TEXAS	78411
4/14/2024	\$ 100.00	ROBIN COX		CORPUS CHRISTI	TEXAS	78413
4/14/2024	\$ 100.00	SAMUEL FRYER		CORPUS CHRISTI	TEXAS	78468
4/14/2024	\$ 100.00	JOHNNY CEPEDA		CORPUS CHRISTI	TEXAS	78409
4/14/2024	\$ 100.00	JOHN LAMB		CORPUS CHRISTI	TEXAS	78401
4/14/2024	\$ 100.00	MELINDA DELOSSANTOS		CORPUS CHRISTI	TEXAS	78411
4/14/2024	\$ 100.00	PAT CRAIG		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 100.00	ROSE CAVADA		CORPUS CHRISTI	TEXAS	78413
4/14/2024	\$ 100.00	NATHAN DAVIS		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 60.00	JEAN-MARIE WELCH		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 50.00	ED BENNETT		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 50.00	ROBERT HERNANDEZ		CORPUS CHRISTI	TEXAS	78401
4/14/2024	\$ 50.00	GILBERT & YOLANDA HERNANDEZ		CORPUS CHRISTI	TEXAS	78416
4/14/2024	\$ 50.00	KATHY K.L. WIGHT		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 40.00	RICKY & LUZ JAMES		CORPUS CHRISTI	TEXAS	78412
4/14/2024	\$ 20.00	CARMEN CALDERON		CORPUS CHRISTI	TEXAS	78414
5/29/2024	\$500.00	ROBERT ANDREW FLORES		CORPUS CHRISTI	TEXAS	78411
5/20/2024	\$100.00	SUSAN WELCH		WIMBERLEY	TEXAS	78676
5/31/2024	\$100.00	ADALBRTO AND JOAN CARRILLO		CORPUS CHRISTI	TEXAS	78413
5/20/2024	\$50.00	JACOB AND MARISELA BARRERA		CORPUS CHRISTI	TEXAS	78414
6/26/2024	\$50.00	KATRINA HALEY		CORPUS CHRISTI	TEXAS	78411
6/28/2024	\$100.00	PAT CRAIG		CORPUS CHRISTI	TEXAS	78414
7/6/2024	\$500.00	DR. DON AND KATHLEEN IDEN		CORPUS CHRISTI	TEXAS	78413
7/17/2024	\$100.00	TERRY MORRIS		CORPUS CHRISTI	TEXAS	78412
7/25/2024	\$200.00	CAROLYN VAUGHN		CORPUS CHRISTI	TEXAS	78426

7/25/2024	\$500.00	RICK & LAURA MILBY
7/25/2024	\$100.00	KENNETH MUSSMAN JR
7/25/2024	\$150.00	RUDY GARZA
7/25/2024	\$50.00	RACHEL CABALLERO
7/25/2024	\$500.00	BRYAN GULLEY
7/25/2024	\$250.00	LJ FRANCIS
7/25/2024	\$100.00	ED SAMPLE
7/25/2024	\$100.00	ROLAND BARERRA
7/25/2024	\$30.00	NATALIE OLSSON
7/25/2024	\$25.00	CARMEN CALDERON
7/25/2024	\$100.00	EDWIN FRANCIS
7/25/2024	\$100.00	HAROLD KANE
7/25/2024	\$250.00	NANCY GRAVES
7/25/2024	\$200.00	THERESA ROBERTSON
7/25/2024	\$50.00	NORMAN VELA
7/25/2024	\$25.00	SUZY GUGENHEIM
7/29/2024	\$100.00	JOE A. RAMIREZ
7/29/2024	\$100.00	SANDY TYLER
7/31/2024	\$50.00	RENE PALACIOS
7/31/2024	\$500.00	CONNIE SCOTT
8/1/2024	\$250.00	ADALBERTO & JOAN CARRILLO
8/2/2024	\$45.00	JESSE SUAREZ
8/3/2024	\$50.00	ANGEL & ANNIE GARZA
8/5/2024	\$75.00	DANIEL MATA
8/14/2024	\$100.00	DR. STEVEN NGUYEN
8/14/2024	\$20.00	ROBERT MITCHELL
8/20/2024	\$50.00	SHANE OLIVER
8/21/2024	\$100.00	ANDREW DUARTE
8/22/2024	\$200.00	SHANA FULLER
8/30/2024	\$45.00	JESSE SUAREZ
9/1/2024	\$300.00	D & J POSEY
9/9/2024	\$250.00	JOE A. GONZALEZ
9/12/2024	\$40.00	MARY LOU AGUILAR
9/13/2024	\$100.00	JOHN VALLS
9/14/2024	\$250.00	ROBERT ANDREW FLORES
9/28/2024	\$20.00	WILLIAM HARGRAVES IV

\$10,805.00



CORPUS CHRISTI	TEXAS	78410
CORPUS CHRISTI	TEXAS	78410
CORPUS CHRISTI	TEXAS	78401
CORPUS CHRISTI	TEXAS	78404
CORPUS CHRISTI	TEXAS	78414
CORPUS CHRISTI	TEXAS	78413
CORPUS CHRISTI	TEXAS	78466
CORPUS CHRISTI	TEXAS	78413
CORPUS CHRISTI	TEXAS	78413
CORPUS CHRISTI	TEXAS	78414
CORPUS CHRISTI	TEXAS	78414
CORPUS CHRISTI	TEXAS	78412
CORPUS CHRISTI	TEXAS	78411
CORPUS CHRISTI	TEXAS	78413
CORPUS CHRISTI	TEXAS	78415
CORPUS CHRISTI	TEXAS	78418
CORPUS CHRISTI	TEXAS	78404
CORPUS CHRISTI	TEXAS	78414
SAN ANTONIO	TEXAS	78232
ROBSTOWN	TEXAS	78380
CORPUS CHRISTI	TEXAS	78413
CORPUS CHRISTI	TEXAS	78467
CORPUS CHRISTI	TEXAS	78411
CORPUS CHRISTI	TEXAS	78410
MEDINA	OHIO	44256
ROCKPORT	TEXAS	78382
CORPUS CHRISTI	TEXAS	78413
CORPUS CHRISTI	TEXAS	78405
CORPUS CHRISTI	TEXAS	78414
CORPUS CHRISTI	TEXAS	78467
CORPUS CHRISTI	TEXAS	78414
CORPUS CHRISTI	TEXAS	78413
CORPUS CHRISTI	TEXAS	78413
CORPUS CHRISTI	TEXAS	78414
CORPUS CHRISTI	TEXAS	78411
CORPUS CHRISTI	TEXAS	78415

# 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: <b>1</b>
2 FILER NAME <b>ADALBERTO CARRILLO III</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>SEE ATTACHED</b>	9 Loan Amount (\$)
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
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.

**E - LOANS**

<b>DATE</b>	<b>AMOUNT</b>	<b>DONOR</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
1/2/2024	\$ 350.00	ADALBERTO AND JOAN CARRILLO	4055 KILLARMET DR	CORPUS CHRISTI	TX	78413
4/14/2024	\$ 3,000.00	ADALBERTO AND JOAN CARRILLO	4055 KILLARMET DR	CORPUS CHRISTI	TX	78413
	\$ 3,350.00					



# 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.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>ADALBERTO CARRILLO III</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name <b>SEE ATTACHED</b>
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<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**F1 - EXPENDITURES**

<b>DATE</b>	<b>AMT</b>	<b>NAME OF BUSINESS</b>	<b>CATEGORY</b>	<b>DESCRIPTION</b>
3/12/2024	\$281.45	ELITE PROMO, LLC	ADVERTISING	KOLDER KADDY COLLIE
3/28/2024	\$21.65	OFFICE DEPOT	PRINTING	INVITATIONS
3/28/2024	\$120.00	ELITE PROMO, LLC	ADVERTISING	YARD/CAMPAIGN SIGNS
4/3/2024	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
4/14/2024	\$640.39	NY PIZZA COMPANY	FOOD/BEVERAGE	MEALS
4/21/2024	\$20.53	HEB STAMPS	OTHER	LETTERS
4/26/2024	\$85.00	US POSTAL SERVICES	OTHER	PO BOX
5/1/2024	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
5/1/2024	\$435.36	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
5/31/2024	\$290.09	ELITE PROMOTIONS, LLC	ADVERTISING	EMBROIDERY, PENS, CAR MAGNETS
6/4/2024	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
6/4/2024	\$213.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
6/28/2024	\$290.09	ELITE PROMOTIONS, LLC	ADVERTISING	KOLDER KADDY COLLIE
6/28/2024	\$487.13	ELITE PROMOTIONS, LLC	ADVERTISING	TEE-SHIRTS
6/30/2024	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
6/30/2024	\$184.03	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
7/25/2024	\$966.13	NEELY PRINTING	ADVERTISING	SIGNS
7/25/2024	\$36.81	ELITE PROMOTIONS, LLC	ADVERTISING	SHIRT EMBROIDERY
7/31/2024	\$18.36	TRACTOR SUPPLY	ADVERTISING	TEE-POSTS
8/5/2024	\$250.00	CALL HUB	ADVERTISING	DATA ACCESS
8/7/2024	\$90.42	WALMART SUPER CENTER	ADVERTISING	SHIRTS
8/9/2024	\$18.36	TRACTOR SUPPLY	ADVERTISING	TEE-POSTS
8/23/2024	\$703.63	GRUNWALD PRINTING	ADVERTISING	SIGNS
8/23/2024	\$64.35	TRACTOR SUPPLY	ADVERTISING	TEE-POSTS
8/26/2024	\$64.38	TRACTOR SUPPLY	ADVERTISING	TEE-POSTS
9/4/2024	\$1,000.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
9/9/2024	\$405.94	GRUNWALD PRINTING	ADVERTISING	SIGNS
9/10/2024	\$281.45	ELITE PROMOTIONS, LLC	ADVERTISING	KOLDER KADDY COLLIE
9/23/2024	\$722.40	KING MAKER SEVICES	ADVERTISING	DATA ACCESS SERVICES
9/28/2024	\$78.16	HEB GROCERS	FOOD/BEVERAGE	WATER, CHIPS, SANDWICHES
9/29/2024	\$1,000.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
9/29/2024	\$520.00	I HEART RADIO	ADVERTISING	RADIO ADVERTISEMENT
10/19/2024	\$184.03	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
	\$11,473.14			