


# 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	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received <b>Date Filed 7/15/2024</b>   <b>Rebecca Huerta</b> City Secretary Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged				
	NICKNAME		LAST		SUFFIX			
1008 Marguerite St. Corpus Christi		TX	78401					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(361)	271-3124						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI					
	NICKNAME		LAST					
317 Peoples St. 706 Corpus Christi TX 78401		7 CAMPAIGN TREASURER ADDRESS						
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(956)	472-7126						
9 REPORT TYPE	<input 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 checked="" 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	Day	Year	THROUGH	Month	Day	Year	
11 ELECTION		ELECTION DATE		ELECTION TYPE				
		Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
				City Council District 1				
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.							
	<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		COMMITTEE NAME				
				COMMITTEE ADDRESS				
				COMMITTEE CAMPAIGN TREASURER NAME				
				COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Eli McKay</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2819. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1064.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 456.30
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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 FILER NAME

Eli McKay

3 Filer ID (Ethics Commission Filers)

4 Date

6-22-24

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sandra Sterba-Boatwright

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

[Redacted] Corpus Christi TX 78411

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

6-22-24

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

Nora Fazio

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

[Redacted] Corpus Christi TX 78404

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

N/A

Date

6-22-24

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

Mary Alice Weichman

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

[Redacted] Corpus Christi TX 78413

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

6-22-24

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

Alex Flucke

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

[Redacted] Corpus Christi TX 78412

Principal occupation / Job title (See Instructions)

Organizer

Employer (See Instructions)

Texas Rising

**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.

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1 Total pages Schedule A1:

2 FILER NAME

Eli McKay

3 Filer ID (Ethics Commission Filers)

4 Date

6-23-24

5 Full name of contributor

James Klein

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

Corpus Christi TX 78411

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

Del Mar College

Date

6-23-24

Full name of contributor

Victoria Rogers

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

Amount of contribution (\$)

\$333.00

Contributor address;

City;

State;

Zip Code

Corpus Christi TX 78418

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

CCRG

Date

6-25-24

Full name of contributor

Regi Bright

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

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

Corpus Christi TX 78411

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

N/A

Date

7-8-24

Full name of contributor

Monica Ellison

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

Amount of contribution (\$)

\$333.00

Contributor address;

City;

State;

Zip Code

Corpus Christi TX 78401

Principal occupation / Job title (See Instructions)

Retail

Employer (See Instructions)

Self

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# 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 FILER NAME

*Eli McKay*

3 Filer ID (Ethics Commission Filers)

4 Date

*7/11/24*

5 Full name of contributor

*Patty Jones*

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

7 Amount of contribution (\$)

*\$100.00*

6 Contributor address;

City;

State;

Zip Code

*Corpus Christi TX 78413*

8 Principal occupation / Job title (See Instructions)

*Unemployed*

9 Employer (See Instructions)

*Unemployed*

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**

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# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Eli McKay</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6/14/24</i>	<b>5</b> Payee name <i>Arrow Signs</i>	
<b>6</b> Amount (\$) <i>\$140.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1343 S. Staples Corpus Christi TX 78404</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Stickers For Signage</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

Date <i>6/20/24</i>	Payee name <i>Arrow Signs</i>	
Amount (\$) <i>\$136.04</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1343 S. Staples Corpus Christi TX 78404</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Stickers For Signage</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 <i>6/21/24</i>	Payee name <i>The Galley Bistro</i>	
Amount (\$) <i>\$70.26</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>924 S. Staples Corpus Christi TX 78404</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Announcement Desserts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/24/24	<b>5</b> Payee name Leslie Ruel	
<b>6</b> Amount (\$) 110.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5442 Barham St. Corpus Christi TX 78415	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Tshirts
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Eli McKay</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/19/24</i>	5 Payee name <i>Donorbox</i>	
6 Amount (\$) <i>.46</i>	7 Payee address; City; State; Zip Code <i>1520 Belle View Blvd. #4106 Alexandria VA 22307</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/ Banking</i>	(b) Description <i>Donation Platform</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>6/23/24</i>	Payee name <i>Donorbox</i>	
Amount (\$) <i>\$4.95</i>	Payee address; City; State; Zip Code <i>1520 Belle View Blvd. #4106 Alexandria VA 22307</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/ Banking</i>	Description <i>Donation Platform</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>6/23/24</i>	Payee name <i>Donorbox</i>	
Amount (\$) <i>\$2.63</i>	Payee address; City; State; Zip Code <i>1520 Belle View Blvd. #4106 Alexandria VA 22307</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/ Banking</i>	Description <i>Donation Platform</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Eli McKay</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/24/24</i>	5 Payee name <i>Donorbox</i>
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6 Amount (\$) <i>\$15.79</i>	7 Payee address; City; State; Zip Code <i>1520 Belle View Blvd #4106 Alexandria VA 22307</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	(b) Description <i>Donation Platform</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date <i>6/25/24</i>	Payee name <i>Donorbox</i>
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Amount (\$) <i>\$46.80</i>	Payee address; City; State; Zip Code <i>1520 Belle View Blvd #4106 Alexandria VA 22307</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	Description <i>Donation Platform</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date <i>6/26/24</i>	Payee name <i>Quik Print</i>
------------------------	---------------------------------

Amount (\$) <i>\$397.79</i>	Payee address; City; State; Zip Code <i>615 Leopard St. Corpus Christi TX 78401</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>Literature</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Eli McKay</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/8/24</i>	5 Payee name <i>Donorbox</i>
-------------------------	---------------------------------

6 Amount (\$) <i>\$15.79</i>	7 Payee address; City; State; Zip Code <i>1520 Belle View Blvd #4106 Alexandria VA 22307</i>
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	(b) Description <i>Donation Platform</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/9/24</i>	Payee name <i>Texas Democratic Party</i>
-----------------------	---

Amount (\$) <i>\$470.00</i>	Payee address; City; State; Zip Code <i>314 Highland Blvd Austin TX 78752</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation Expense</i>	Description <i>VAN Access</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/10/24</i>	Payee name <i>Leslie Ruel</i>
------------------------	----------------------------------

Amount (\$) <i>\$110.00</i>	Payee address; City; State; Zip Code <i>5442 Bunham St. Corpus Christi TX 78415</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>T-Shirts</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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