

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <p style="text-align: center; font-size: 1.2em;">7</p>	<p style="text-align: center; font-weight: bold; font-size: 0.8em;">OFFICE USE ONLY</p> <p style="font-size: 1.2em; font-weight: bold;">Date Filed <u>2/7/23</u></p> <p style="font-size: 0.8em;">Date Received</p> <p style="font-size: 1.5em; font-weight: bold; text-align: center;"><u>R Huerta</u></p> <p style="font-size: 1.2em; font-weight: bold; text-align: center;">Rebecca Huerta City Secretary</p> <p style="font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 0.8em;">Receipt # Amount \$</p> <p style="font-size: 0.8em;">Date Processed</p> <p style="font-size: 0.8em;">Date Imaged</p>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR.</u> NICKNAME FIRST <u>Mike</u> MI LAST <u>Pusley</u> SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="text-align: center; font-size: 1.2em;">10 / 01 / 2022 THROUGH 10 / 31 / 2022</p>	

6 EXPLANATION OF CORRECTION

Error on 30-day caused issue with contribution balance. Also, expenditures was adjusted to amount reported in F1. Last time a misread caused the expenditures to not match.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

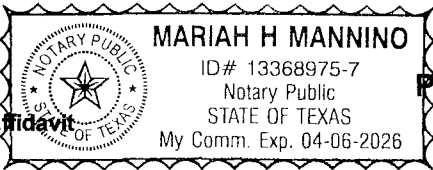
Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to mispre-sent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mike Pusley

Signature of Candidate/Officeholder



(1) Affidavit

Please complete either option below:

Sworn to and subscribed before me by Mike pusley this the 7 day of February, 2023, to certify which witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Mariah Mannino Title of officer administering oath: Notary public

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____.

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:

6

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST James	MI	OFFICE USE ONLY										
	NICKNAME Mike	LAST Pusley	SUFFIX			Date Received								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3916 Castle Valley Drive, Corpus Christi, Tx 78410			Date Filed 2/7/23										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 241 - 4839	EXTENSION	Date Received Rebecca Huerta City Secretary										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Matthew	MI	Receipt #	Amount \$									
	NICKNAME	LAST Woolbright	SUFFIX	Date Processed										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1033 Cornerstone Dr, Corpus Christi, Tx 78418			Date Imaged										
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 834 - 6181	EXTENSION											
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 type="checkbox"/> July 15 <input checked="" 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 10 / 01 / 22		THROUGH	Month Day Year 10 / 31 / 22										
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 22		ELECTION TYPE <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) City Council At-Large		13 OFFICE SOUGHT (if known) City Council At-Large											
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p>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.</p> <table border="1"> <tr> <td rowspan="4"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
<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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

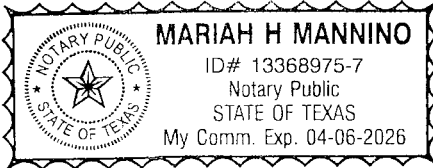
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mike Pusley		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,904.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,766.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 325,603.39

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.

Mike Pusley

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mike Pusley this the 7 day of February, 2023, to certify which, witness my hand and seal of office.

Mariah Mannino Printed name of officer administering oath
Notary public 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 Mike Pusley		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,550.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 30,904.37
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 FILER NAME Mike Pusley		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code ATTACHED	7 Amount of contribution (\$)
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.

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.

1 Total pages Schedule F1:	2 FILER NAME Mike Pusley	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
	ATTACHED	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 (\$)	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 (\$)	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

Contributions

Date	Name	Address	City	State	Zip	Amount
10/4/2022	Coastal Area Builders PAC	5325 Yorktown Road	Corpus Christi	TX	78414	\$750.00
10/5/2022	Wayne Fagan	1400 Ocean Dr Apt. 90	Corpus Christi	Tx	78404	\$250.00
10/5/2022	Leah Pagan Olivarri	33 Camden Place	Corpus Christi	Tx	78412	\$300.00
10/10/2022	Ernest Sims	7733 Starnberg Lake D	Corpus Christi	TX	78413	\$250.00
10/11/2022	TREPAC	P.O. Box 2246	Austin	TX	78768	\$3,500.00
10/14/2022	Charles W. Zahn, Jr.	P.O. Box 941	Port Aransas	TX	78373	\$250.00
10/16/2022	Floyd Anderson	15101 Cane Harbor	Corpus Christi	TX	78418	\$250.00
10/25/2022	Deven Bhakta	40 E Bar-Le-Doc Dr	Corpus Christi	TX	78414	\$1,000.00
10/26/2022	Namgub Bandera Acct	5330 Spring Brook	Corpus Christi	TX	78413	\$100.00
10/27/2022	Valero Political Action Committee	P.O. Box 696000	San Antonio	Tx	78269	\$500.00
10/27/2022	Freddie & Linda Seaquist	1618 Cantera Bay Dr.	Corpus Christi	TX	78418	\$100.00
10/27/2022	Carolyn K. Wickham-Winans	5909 Harvest Hill Road	Corpus Christi	TX	78414	\$100.00
10/27/2022	Jesus J. Jimenez	6925 Windy Creek Dr.	Corpus Christi	TX	78414	\$200.00

Expenditures

Date	Payee	Address	City	State	Zip	Amount	Category
10/19/2022	Sugarbakers	2766 Santa Fe	Corpus Christi	TX	78404	\$ 59.54	Campaign meal
10/26/2022	PayPal					\$ 44.83	Fundraising fees
10/7/2022	Dreamers and Walkers Consulting	1033 Cornerstone Drive	Corpus Christi	TX	78418	\$ 9,300.00	Campaign staffing
10/7/2022	Dreamers and Walkers Consulting	1033 Cornerstone Drive	Corpus Christi	TX	78418	\$ 7,125.00	Consulting - Digital Advertising Campaign
10/7/2022	Dreamers and Walkers Consulting	1033 Cornerstone Drive	Corpus Christi	TX	78418	\$ 5,700.00	Consulting -Mail Advertising Campaign
10/7/2022	Dreamers and Walkers Consulting	1033 Cornerstone Drive	Corpus Christi	TX	78418	\$ 875.00	Campaign materials
10/7/2022	Dreamers and Walkers Consulting	1033 Cornerstone Drive	Corpus Christi	TX	78418	\$ 800.00	Signs
10/7/2022	Dreamers and Walkers Consulting	1033 Cornerstone Drive	Corpus Christi	TX	78418	\$ 7,000.00	Signs