

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME Voters for Good Government		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6641 Corpus Christi, TX 78466		Date Received Date Filed 11/3/23 Rebecca Huerta Rebecca Huerta City Secretary Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Brandey A NICKNAME LAST SUFFIX Batey		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 301 Paloma Street Corpus Christi, TX 78412		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6641 Corpus Christi, TX 78466		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 510-3825		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 29 / 23 10 / 28 / 23		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other 11 / 7 / 23 <input type="checkbox"/> General <input type="checkbox"/> Special Description Constitutional		

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Voters for Good Government 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>11 / 7 / 23</u>
		DESCRIPTION <u>City of Corpus Christi Prop A</u>

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>46,758.01</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>40,828.38</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7,398.42</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

16 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.

Brandey Batey
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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 Brandey Batey, and my date of birth is 3/3/74
 My address is 301 Paloma Street, Corpus Christi, TX 78412 USA
(street) (city) (state) (zip code)(country)
 Executed in Nueces County, State of Texas, on the 30 day of October, 20 23.
(month) (year)

Brandey Batey
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3458.01
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 43,300.00
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 0
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$ 0
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 40,828.38
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
14. <input type="checkbox"/> 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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

SCHEDULE A1
MONETARY POLITICAL CONTRIBUTIONS

FILER NAME:	VOTERS FOR GOOD GOVERNMENT
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DATE	CONTRIBUTOR	CONTRIBUTOR ADDRESS	AMOUNT	JOB TITLE	EMPLOYER
10/7/2023	David C Loeb	██████████ Corpus Christi, Tx 78411	\$5,000.00	President	Landlord Resources, LLC
10/7/2023	Michael M Miller	██████████ Corpus Christi, Tx 78412	\$200.00	Vice-President	Teal Construction Company
10/7/2023	Hampton Inn	11233 IH 37, Corpus Christi, Tx 78410	\$2,000.00	Hotel Owner	Hampton Inn
10/7/2023	Windwater Hotel	1901 NPID, Corpus Christi, Tx 78408	\$2,000.00	Hotel Owner	Windwater Hotel
10/7/2023	EMW Productions LLC	1024 Leopard St., Ste. A, Corpus Christi, Tx 78401	\$500.00	Hotel Owner	EMW Productions LLC
10/7/2023	Comfort Suites	1814 Ennis Joslin Rd., Corpus Christi, Tx 78412	\$2,000.00	Hotel Owner	Comfort Suites
10/7/2023	Best Western Executive Residency	9305 SPID, Corpus Christi, Tx 78144	\$2,000.00	Hotel Owner	Best Western Executive Residency
10/7/2023	Hawthorn Suites	1442 SPID, Corpus Christi, Tx 78416	\$2,000.00	Hotel Owner	Hawthorn Suites
10/7/2023	Candlewood Suites	9225 SPID, Corpus Christi, Tx 78418	\$2,000.00	Hotel Owner	Candlewood Suites
10/7/2023	PLAZACCTX Hospitality LLC	2021 NPID, Corpus Christi, Tx 78408	\$500.00	Hotel Owner	PLAZACCTX Hospitality LLC
10/7/2023	Shoreline Hospitality LP, Residence Inn	309 S. Shoreline Blvd., Corpus Christi, Tx 78401	\$16,000.00	Hotel Owner	PLAZACCTX Hospitality LLC
10/12/2023	C. C. Flato	PO Box 1999, Corpus Christi, Tx 78403	\$2,000.00	Self	Real Estate
10/12/2023	Laquinta Inns and Suites	546 SPID, Corpus Christi, Tx 78405	\$1,000.00	Hotel Owner	Laquinta Inns and Suites
10/12/2023	McCor Hospitality LP	6301 SPID, Corpus Christi, Tx 78412	\$1,000.00	Hotel Owner	McCor Hospitality LP
10/12/2023	Kanti Bhakta	██████████ Corpus Christi, Tx 78412	\$500.00	Hotel Owner	Kanti Bhakta
10/25/2023	Celia Sexton	██████████ Rockport, Tx 78382	\$100.00	Retired	N/A
10/25/2023	Shoreline Hospitality LP, Residence Inn	309 S. Shoreline Blvd., Corpus Christi, Tx 78401	\$2,500.00	Hotel Owner	Shoreline Hospitality LP, Residence Inn
10/26/2023	Reagan Brown	██████████ Corpus Christi, Tx 78468	\$1,000.00	President	Peterson Development
10/26/2023	R. Reagan Sahadi, PLLC	414 S. Tanchua, Corpus Christi, Tx 78401	\$1,000.00	Lawyer	Self

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

[Handwritten signature in blue ink across the form]

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

FILER NAME: VOTERS FOR GOOD GOVERNMENT

DATE	NAME OF CONTRIBUTOR	ADDRESS	DESCRIPTION	OCCUPATION		
10/19/2023	David C Loeb	3833 S. Staples St., Ste. S116, Corpus Christi, Tx 78411	Campaign T-Shirts	President	\$968.01	Landlord Resources
10/27/2023	Darlene Gregory	PO Box 702, Corpus Christi, Tx 78403	Production & Airtime on TV	President	\$2,500.00	EMW Productions, LLC

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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	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 (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**SCHEDULE F1
POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

FILER NAME:	VOTERS FOR GOOD GOVERNMENT
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DATE	PAYEE NAME	PAYEE ADDRESS	CATEGORY	DESCRIPTION	AMOUNT
10/10/2023	Steve Ray & Associates	PO Box 742, Corpus Christi, Tx 78403	CONSULTING	Contractors, Fliers, Sign, Meeting	\$8,648.50
10/10/2023	The Print Shop	3906 S. Jackson, Edinburg, Tx 78539	PRINTING	Signs	\$6,116.13
10/18/2023	Gulf Coast Mailing & Printing Svcs.	PO Box 9312, Corpus Christi, Tx 78469	PRINTING	Mass Mailer	\$5,500.00
10/23/2023	Gulf Coast Mailing & Printing Svcs.	PO Box 9312, Corpus Christi, Tx 78469	PRINTING	Mass Mailer	\$5,350.18
10/20/2023	Steve Ray & Associates	PO Box 742, Corpus Christi, Tx 78403	CONSULTING	Contractors, Fliers, Sign, Meeting	\$12,628.40
10/26/2023	Steve Ray & Associates	PO Box 742, Corpus Christi, Tx 78403	CONSULTING	TV spots	\$2,500.00
10/28/2023	Checks Unlimited	Lockbox 1345, PO Box 70345, Philadelphia, PA 19176	ACCOUNTING	Checks	\$85.17

**REPORT WAS ORIGINALLY FILED ON
TIME WITH NUECES COUNTY (PROOF
ATTACHED).**

**WAS MADE AWARE ON 11/2/2023 THAT
DOCUMENTS SHOULD HAVE BEEN FILED
WITH CITY.**

**FILING THIS REPORT TO CORRECT FILING
AUTHORITY.**

**IF YOU HAVE ANY QUESTIONS DO NOT
HESITATE TO CONTACT ME.**

**Brandey Batey
361-510-3825**

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 COMMITTEE NAME <p style="font-size: 24pt; text-align: center;">Voters for Good Government</p>		OFFICE USE ONLY <hr/> Date Received FILED FOR RECORD AT 2:40 P M OCT 30 2023 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>B. Riggs</u> DEPUTY <hr/> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 24pt; text-align: center;">PO Box 6641 Corpus Christi, Tx 78466</p>			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="font-size: 24pt; text-align: center;">Ms. Brandey A.</p> <hr/> NICKNAME LAST SUFFIX <p style="font-size: 24pt; text-align: center;">Batey</p>			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 24pt; text-align: center;">301 Paloma St. Corpus Christi, Tx 78466</p>			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 24pt; text-align: center;">PO Box 6641 Corpus Christi, Tx 78466</p>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 24pt; text-align: center;">(361) 510-3825</p>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year <p style="font-size: 24pt; text-align: center;">9 / 29 / 23 THROUGH 10 / 28 / 23</p>			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <p style="font-size: 24pt; text-align: center;">11 / 7 / 23 <input type="checkbox"/> General <input type="checkbox"/> Special Description <u>Constitutional</u></p>			

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2023-0083