

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 Isabel	MI	OFFICE USE ONLY Date Received Date Filed 10/7/24 <i>Rebecca Huerta</i> Date Hand-delivered or Date Postmarked Rebecca Huerta City Secretary Receipt # _____ Date Processed _____ Date Imaged _____			
	NICKNAME	LAST Araiza	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 326 Poenisch Dr, Corpus Christi, TX 78412						
	AREA CODE	PHONE NUMBER	EXTENSION				
5 CANDIDATE / OFFICEHOLDER PHONE	(361)	7793927					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Blanca	MI				
	NICKNAME	LAST Parkinson	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10801 Silverton Drive, Corpus Christi TX 78410						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(361)	704-2775					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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
	7	19	24		9	26	24
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	4	24	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Mayoral			
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

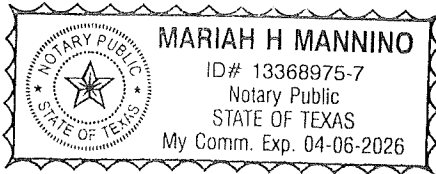
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 421.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,428.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Isabel Araiza
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Isabel Araiza this the 7 day of October, 2024, to certify which, witness my hand and seal of office.

[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 Isabel Araiza, and my date of birth is 04/17/1973

My address is 326 Poenisch Drive, Corpus Christi, TX, 78412, USA
(street) (city) (state) (zip code) (country)

Executed in Nueces County, State of Texas, on the 7 day of October, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Isabel Araiza		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,850.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,025.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 421.35
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: 1 of 2
2 FILER NAME Isabel Araiza		3 Filer ID (Ethics Commission Filers)
4 Date 07/30/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jacqueline Rosier 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/28/2024	Full name of contributor out-of-state PAC (ID#: _____) Isabel Araiza Contributor address; City; State; Zip Code [REDACTED] Corpus Christ, TX 78412	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Dora Wilburn Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78415	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2024	Full name of contributor out-of-state PAC (ID#: _____) John Weber Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78404	Amount of contribution (\$) 100.00
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 of 2
2 FILER NAME Isabel Araiza		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Eric and Rachel Payne 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Margot Moczygemba Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: _____) Martha Barrera Contributor address; City; State; Zip Code [REDACTED] Albuquerque, NM 87123	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: 522257109) IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code [REDACTED] Washington DC 20001	Amount of contribution (\$) 5,000.00
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.		



INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

"Organizing for a higher standard of living"
Local Union No. 278



September 23, 2024

David A. Carranco
Business Manager
Financial Secretary

Matthew J. Soliz
President

Francisco J. Eguia, II
Vice-President

Aubrey Nevins
Treasurer

Ricardo E. Gomez
Recording Secretary

Executive Board
Adrian Ayala

Marshall K. Morin

Kenneth W. Graveson

Robert R. Reyna

Manuel A. Rodriguez

Joshua D. Rojas

Joshua O. Torres

Dr. Isabel Araiza – Candidate for Mayor of Corpus Christi
326 Poenisch Dr.
Corpus Christi, TX 78412

Dr. Araiza:

Please find enclosed a check in the amount of \$5,000.00 towards your 2024 General Election. This contribution is made possible from IBEW Local 278 members who contribute voluntary to our IBEW COPE/PAC FUND.

Thank you for your support towards working Americans, in particular supporting the IBEW.

Best wishes,

David A. Carranco
Business Manager/Financial Secretary
IBEW Local Union 278

Locally Chartered April 24, 1926

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: 1 of 2	
2 FILER NAME Isabel Araiza		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,025.00	
5 Date 08/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eli McKay 7 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78401	8 Amount of Contribution \$ 250.00	9 In-kind contribution description Yard Signs from previous elections to be repurposed for my campaign Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (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 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Burdick Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78412	Amount of Contribution \$ 200.00	In-kind contribution description Head shots for campaign Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 of 2	
2 FILER NAME Isabel Araiza		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/09/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eli McKay 7 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78410	8 Amount of Contribution \$ 75.00	9 In-kind contribution description Stickers for Pride Event <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (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 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric and Rachel Payne Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78404	Amount of Contribution \$ 500.00	In-kind contribution description Design, stencils, paint, paint materials, and facilitation of painting sign-painting event <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 1 of 2	2 FILER NAME Isabel Araiza	3 Filer ID (Ethics Commission Filers)
4 Date 08/16/2024	5 Payee name City of Corpus Christi	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1201 Leopard Street, Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Paid application fee in case verified signatures didn't exceed rqrment; 718 signatures verified. Fee was not refundable
	(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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 09/03/2024	Payee name GoDaddy.com	
Amount (\$) 24.16	Payee address; City; State; Zip Code 2155 E. GoDaddy Way, Tempe AZ 85284	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description purchase domain for campaign website
	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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 09/13/2024	Payee name PPG Paints	
Amount (\$) 48.71	Payee address; City; State; Zip Code 6764 Weber Rd, Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Materials for sign-making event
	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 <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <u>2 of 2</u>	2 FILER NAME Isabel Araiza	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2024	5 Payee name HEB	
6 Amount (\$) 56.73	7 Payee address; City; State; Zip Code 4320 S. Alameda St, Corpus Christi, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Drinks and snacks for sign-making event
	(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 09/20/2024	Payee name Office Depot	
Amount (\$) 120.43	Payee address; City; State; Zip Code 1737 S. Staples St, Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Materials	Description Candidate materials to handout during door-knocking and at forums, events
	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 09/26/2024	Payee name Sam's Club	
Amount (\$) 71.32	Payee address; City; State; Zip Code 4833 South Padre Island Drive, Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food for Park Talk Events
	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