CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	Gies	MI	OFFICE USE ONLY	
NAME	NICKNAME	Sm.Hl	SUFFIX	Date Filed 7-15-2	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE	Rebecca Huerta	
Change of Address				City Secretary	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	500-9735	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Ph.'ll.'p	MI	Receipt # Amount \$	
NAME	NICKNAME	LAST	SUFFIX		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ramirez		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	Parameter Company of the Company of	NO PO BOX PLEASE); APT / S Santa Monica f	uite #; city; Place Corrpus Chrit	STATE: ZIP CODE 7841	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 /	14/2021	THROUGH 7	15/2021	
11 ELECTION	ELECTION DA	ΓE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other		
	Month Day	rear	Description		
	/ /	General	Special		
12 OFFICE	OFFICE HELD (if any)	4 City Cours	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
GO TO PAGE 2					

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Date Filed_

Nav 15

Rebecca Huerta City Secretary

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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	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25000			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 900			
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	\$ 2,241.0S			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 32,344.89			
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. Signature of Candidate or Officeholder ALYSHA SARA BERLANGA ID# 13097332-0 Notary Public STATE OF TEXAS					
(1) Affidavit					
NOTARY STAMP/SEAL Sworn to and subscribed before me by					
My name is	, and my date of birth is				
My address is		*			
Executed in	(street) (city) (s County, State of , on the day of(month	tate) (zip code) (country) , 20			
	Signature of Candid	late/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co			mmission Filers)
21	SUBTOTAL AMOUNT			
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.		\$		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	X	\$ 32,344.89		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	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	Sn:H				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#		7 Amount of contribution (\$)
	Sam Beecroft				
1-20.2021	6 Contributor address; City; State; Zip Code 144 Repes Corpus Christ TX 78411			Zip Code	
	144 Ropes	Coipus Chais	t: TX	78411	
	pation / Job title (See Instructions)	1		yer (See Instruct	tions)
Date	Full name of contributor	Dut-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address;	City;		Zip Code	
			,		
Principal occup	ation / Job title (See Instructions)		Employ	yer (See Instruct	tions)
r micipar occup	ation 7 300 title (See Instituctions)				
Date	Full name of contributor	out-of-state PAC	(ID#		Amount of contribution (\$)
	Contributor address;	City;		Zip Code	
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruct	tions)
Date	Full name of contributor	ut-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address;	City;		Zip Code	
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruct	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	「include this page in the rep	port.
The	Total pages Schedule E: 1		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Greg Smith)		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state P	9 Loan Amount (\$)	
Various	Greg Smith	\$32,344.89	
6 Is lender a financial			10 Interest rate
Institution?	8 Lender address; City; 1746 Glenoak Corpi	State; Zip Code us Christi Texas	
	78418		11 Maturity date
N			none
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fund	ds were deposited into political
none		account (See Instructi	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	aterai	Check if personal fund	ds were denosited into political
none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City,	State; Zip Code	
not applicable			!
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
The second secon		**************************************	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District 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	Gran Smith 5 Payee name American Bant 7 Payee address, 1601 Shoreline	***************************************	
6 Amount (\$)	7 Payee address,	City	State, Zip Code
	1601 Shoreline	Corpas Chisk	JX 78401
9.00		,	.8 (0)
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Bark Fees	Bank Fee	
	(c) Check if travel outside of Texas Complete Schedule T		
9 Complete ONLY if direct expenditure to benefit C/OR	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City,	State; Zip Code
	Category (See Categones listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officenolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (S)	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 Austir	n. TX. officenolder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	:DED