

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 <input checked="" type="radio"/> FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Filed <u>7-11-2024</u> Rebecca Huerta City Secretary	
	2055 KILLAMINEE DR. Corpus Christi, TX 78413.		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
	(361) 331-9625	Rebecca Huerta City Secretary	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI	Receipt #	Amount
	NICKNAME LAST SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Date Imaged	
	6901 SOUTH PADRE ISLAND DR. Corpus Christi TX 78412		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(361) 815-5586		
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 Month Day Year 01 / 01 / 2024 THROUGH 06 / 30 / 2024		
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)	
		Corpus Christi City Council Dist 3	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	NA	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

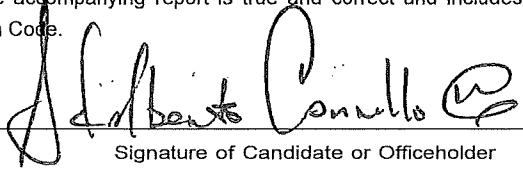
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

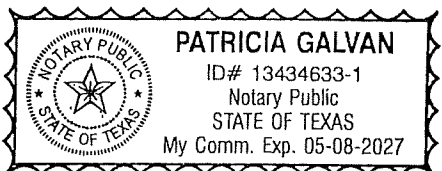
15 C/OH NAME ADALBERTO CARILLO III		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,830.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,778.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 51.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,350.00

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.


 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adalberto Carrillo III this the 11th day of July.

2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Patricia Galvan 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 ADALBERTO CARRILLO III		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEE ATTACHED	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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

A1 -CONTRIBUTION REPORT

DATE	AMOUNT	DONOR	ADDRESS	CITY	STATE	ZIP
4/14/2024	\$ 1,000.00	DIANA CARRILLO		CORPUS CHRISTI	TX	78416
4/14/2024	\$ 500.00	PASTOR RICHARD & LAURA MILBY		CORPUS CHRISTI	TX	78410
4/14/2024	\$ 300.00	JAIMIE GARCIA		CORPUS CHRISTI	TX	78414
4/14/2024	\$ 250.00	PASTOR RICHARD HOOD		CORPUS CHRISTI	TX	78413
4/14/2024	\$ 250.00	JESUS J. JIMENEZ		CORPUS CHRISTI	TX	78414
4/14/2024	\$ 200.00	DAVID & LAURA LERMA		CORPUS CHRISTI	TX	78418
4/14/2024	\$ 110.00	DAVID J. & GLENDA JEFFERIES		CORPUS CHRISTI	TX	78414
4/14/2024	\$ 100.00	EDWARD ORTIZ		CORPUS CHRISTI	TX	78411
4/14/2024	\$ 100.00	SHAWN FLANAGAN		CORPUS CHRISTI	TX	78411
4/14/2024	\$ 100.00	ROBIN COX		CORPUS CHRISTI	TX	78413
4/14/2024	\$ 100.00	SAMUEL FRYER		CORPUS CHRISTI	TX	78468
4/14/2024	\$ 100.00	JOHNNY CEPEDA		CORPUS CHRISTI	TX	78409
4/14/2024	\$ 100.00	JOHN LAMB		CORPUS CHRISTI	TX	78401
4/14/2024	\$ 100.00	MELINDA DELOSSANTOS		CORPUS CHRISTI	TX	78411
4/14/2024	\$ 100.00	PAT CRAIG		CORPUS CHRISTI	TX	78414
4/14/2024	\$ 100.00	ROSE CAVADA		CORPUS CHRISTI	TX	78413
4/14/2024	\$ 100.00	NATHAN DAVIS		CORPUS CHRISTI	TX	78414
4/14/2024	\$ 60.00	JEAN-MARIE WELCH		CORPUS CHRISTI	TX	78414
4/14/2024	\$ 50.00	ED BENNETT		CORPUS CHRISTI	TX	78414
4/14/2024	\$ 50.00	ROBERT HERNANDEZ		CORPUS CHRISTI	TX	78401
4/14/2024	\$ 50.00	GILBERT & YOLANDA HERNANDEZ		CORPUS CHRISTI	TX	78416
4/14/2024	\$ 50.00	KATHY K.L. WIGHT		CORPUS CHRISTI	TX	78414
4/14/2024	\$ 40.00	RICKY & LUZ JAMES		CORPUS CHRISTI	TX	78412
4/14/2024	\$ 20.00	CARMEN CALDERON		CORPUS CHRISTI	TX	78414
5/29/2024	\$500.00	ROBERT ANDREW FLORES		CORPUS CHRISTI	TX	78411
5/20/2024	\$100.00	SUSAN WELCH		WIMBERLEY	TX	78676
5/31/2024	\$100.00	ADALBRTO AND JOAN CARRILLO		CORPUS CHRISTI	TX	78413
5/20/2024	\$50.00	JACOB AND MARISELA BARRERA		CORPUS CHRISTI	TX	78414
6/26/2024	\$50.00	KATRINA HALEY		CORPUS CHRISTI	TX	78411
6/28/2024	\$100.00	PAT CRAIG		CORPUS CHRISTI	TX	78414
TOTALS	\$4,830.00					

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LOANS

SCHEDULE E

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 E:
2 FILER NAME - ADALBERTO CARDUO III		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS 5 is Attached		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

E - LOANS

DATE	AMOUNT	DONOR	ADDRESS	CITY	STATE	ZIP
1/2/2024	\$350.00	ADALBERTO & JOAN CARRILLO	4055 KILLARMET DR	CORPUS CHRISTI	TX	78413
4/14/2024	\$3,000.00	ADALBERTO & JOAN CARRILLO	4055 KILLARMET DR	CORPUS CHRISTI	TX	78413
	\$3,350.00					

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 ADALBERTO CARDUO III	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name SEE ATTACHED	
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

F1 - EXPENDITURES

DATE	\$\$	NAME OF BUSINESS	CATEGORY	DESCRIPTION
12-Mar	\$281.45	ELITE PROMO, LLC	ADVERTISING	KOLDER KADDY COLLIE INVITATIONS
28-Mar	\$21.65	OFFICE DEPOT FLYERS	PRINTING	
28-Mar	\$120.00	ELITE PROMO, LLC; YARD SIGNS	ADVERTISING	YARD/CAMPAIGN SIGNS
3-Apr	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
14-Apr	\$640.39	NY PIZZA COMPANY	FOOD/BEVERAGE EXPENSE	MEALS
21-Apr	\$20.53	HEB STAMPS	OTHER	LETTERS
26-Apr	\$85.00	US POSTAL SERVICES	OTHER	PO BOX
1-May	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
1-May	\$435.36	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
31-May	\$290.09	ELITE PROMO, LLC	ADVERTISING	EMBROIDERY, PENS, CAR MAGNETS
4-Jun	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
4-Jun	\$213.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
28-Jun	\$487.13	ELITE PROMOTIONS, SHIRTS	ADVERTISING	TEE-SHIRTS
30-Jun	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
30-Jun	\$184.03	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
	\$4,778.63			