

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Everett		A
	NICKNAME	LAST	SUFFIX
	Roy		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	14626 Red River Drive Corpus Christi, TX 78410		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	443-9173	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Robin		
	NICKNAME	LAST	SUFFIX
	Ritchey-Roy		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	14626 Red River Drive Corpus Christi TX 78410		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(724)	816-7386	
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
	1	1	24
		THROUGH	Month Day Year
		6 / 30 / 24	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Council Member, District 1		
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	COMMITTEE ADDRESS		
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

Date Received

Date Filed 7/1/2024

R. Huerta

Rebecca Huerta
City Secretary

Date Marked (if applicable) _____

Receipt #	Amount \$

Date Processed _____

Date Imaged _____

GO TO PAGE 2

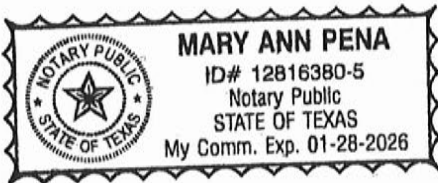
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,725
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,859.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,563.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Everett A. Roy this the 13th day of July, 2024, to certify which, witness my hand and seal of office.

Mary Ann Pena Signature of officer administering oath
Mary Ann Pena 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

Everett Roy

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,725
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7859.81
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" 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: 1 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lineburger Goggan Blair & Sampson 6 Contributor address: _____ City: _____ State: _____ Zip Code Austin, TX 78760	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony Lamantia Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78411	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monarch Resorts Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78401	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Mintz Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi Texas 78411	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Physician		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 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr & Mrs David Engel	7 Amount of contribution (\$) \$1000⁰⁰
6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi, TX 78404		
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) K & M Premier Real Estate	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78413		
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions)
Date 4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbara M. Cherry	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78413		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Jane Powell	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78411		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruben Barrera	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code Corpus Christi TX 78410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mossa Paymon Mostaghasi	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code Corpus Christi TX 78463		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronald Craban	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code Portland, TX 78374		
Principal occupation / Job title (See Instructions) SELF employed		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia Garza	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code Corpus Christi TX 78410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 4 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ernest R. Garza	7 Amount of contribution (\$) \$75000
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi TX 78410		
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia + Erasmo Saenz	Amount of contribution (\$) \$10000
Contributor address: _____ City: _____ State: _____ Zip Code _____ Pflugerville TX 78660		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken + Kimberly Griffin	Amount of contribution (\$) \$5000
Contributor address: _____ City: _____ State: _____ Zip Code _____ Robstown TX 78380		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eric Trejo	Amount of contribution (\$) \$30000
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi TX 78414		
Principal occupation / Job title (See Instructions) business		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CC Filepro LTD	7 Amount of contribution (\$) \$500.00
6 Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78408		
8 Principal occupation / Job title (See Instructions) Storage facility		9 Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Carrillo	Amount of contribution (\$) \$100.00
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78413		
Principal occupation / Job title (See Instructions) business		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Guerra	Amount of contribution (\$) \$500.00
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78414		
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benard Najvar	Amount of contribution (\$) \$50.00
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78410		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Cudd	7 Amount of contribution (\$) \$ 50⁰⁰
6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78410		
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia Salyer	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78403		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shawn Flanagan	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78411		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Kelly, PC	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78401		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 7 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Anderson	7 Amount of contribution (\$) \$ 100⁰⁰
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED]		
8 Principal occupation / Job title (See Instructions) engineer		9 Employer (See Instructions)
Date 4/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Hicks	Amount of contribution (\$) \$ 500⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Corpus Christi TX 78415		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 4/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Lange	Amount of contribution (\$) \$1000⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Corpus Christi TX 78426		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric + Natalie Villarreal	Amount of contribution (\$) \$100⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Corpus Christi TX 78401		
Principal occupation / Job title (See Instructions) engineer / educator		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 8 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulley Family Investments	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78414		
8 Principal occupation / Job title (See Instructions) oral surgeon		9 Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Cox	Amount of contribution (\$) \$ 100⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78413		
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel Fryer	Amount of contribution (\$) \$ 100⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78414		
Principal occupation / Job title (See Instructions) US Government		Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy McCall	Amount of contribution (\$) \$ 500⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tracey Barrett	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi TX 78410		
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 4/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vic Nazari	Amount of contribution (\$) \$1000⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi TX 78414		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions)
Date 4/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dan Layendecker	Amount of contribution (\$) \$ 500⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi TX 78418		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 5/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Hamilton	Amount of contribution (\$) \$ 500⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ Corpus Christi TX 78143		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Whitlock	7 Amount of contribution (\$) \$ 50 ⁰⁰
6 Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78410		
8 Principal occupation / Job title (See Instructions) banking		9 Employer (See Instructions)
Date 4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Holmgren	Amount of contribution (\$) \$ 75 ⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78412		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Dillon	Amount of contribution (\$) \$ 200 ⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78410		
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions)
Date 5/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Skrobarczyk	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78404		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions)

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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: 11 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonathan Gonzalez	7 Amount of contribution (\$) \$1000⁰⁰
6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78413		
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 5/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chad Skrobarczyk	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78418		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions)
Date 5/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Connie Wise	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code [Redacted] Robstown, TX 78380		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions)
Date 5/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Barnette	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code [Redacted] Corpus Christi TX 78414		
Principal occupation / Job title (See Instructions) SELF Employed		Employer (See Instructions)
<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>		

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: 12 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Skrobaczynk	7 Amount of contribution (\$) \$ 500 ⁰⁰
6 Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78411		
8 Principal occupation / Job title (See Instructions) Constructin		9 Employer (See Instructions)
Date 5/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elvin O'Bryan	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 7844		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 5-22-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ty Gentry	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78414		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 5/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe P. Fulton	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi, Texas 78403		
Principal occupation / Job title (See Instructions) Self employed		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: 13 of 14
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 5-22-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Skrobaczuk	7 Amount of contribution (\$) \$1000⁰⁰
6 Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78404		
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 5/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Michael	Amount of contribution (\$) 250⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78418		
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions)
Date 5/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Lippincott	Amount of contribution (\$) \$ 1000⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78411		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 4/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Wise Jr.	Amount of contribution (\$) \$ 350⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code Robstown TX 78380		
Principal occupation / Job title (See Instructions) financial advisor		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: 14 of 14
2 FILER NAME Everett Ray		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond Gignac	7 Amount of contribution (\$) \$25000
6 Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78412		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Concierge Trash LLC	Amount of contribution (\$) \$10000
Contributor address: _____ City: _____ State: _____ Zip Code Corpus Christi TX 78415		
Principal occupation / Job title (See Instructions) disposal		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)

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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. *see attached*

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: <i>See Attached</i>	2 FILER NAME <i>Everett Roy</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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8 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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Everett Roy Schedule F1

Expenses	Amount	Date	Category/Purpose	Address
Callalen Mini Storage	\$ 480.00	6/30/2024	6 Monthly fee sign & pole storage	4233 FM624, Robstown, TX
Future Tech	\$ 205.68	6/21/2024	Repair Laptop	6500 S Padre Island #6, Corpus Christi, TX 78412
Discount Locksmith	\$ 35.71	4/26/2024	repair lock for money box	2033 Airline Rd, Corpus Christi, TX 78412
Office Depot	\$ 120.70	4/10/2024	Supplies	5425 S. Padre Island Drive, Corpus Christi 78411
Walmart	\$ 190.52	1/26/2024	Supplies Town Hall	3829 US-77, Corpus Christi, TX 78410
Nueces County Republican Party	\$ 365.00	5/2/2024	Sponsor event	5151 Flynn Parkway, Corpus Christi, TX 78411
Holiday Inn Sales and Catering	\$ 1,778.19	4/26/2024	food and room rental	707 N. Shoreline Blvd, Corpus Christi, 78401
Northwest Event Center	\$ 500.00	1/15/2024	Deposit Event	9849 Leopard St. Corpus Christi, TX 78410
Sutherlands	\$ 77.43	5/13/2024	sign post	5514 Everhart Rd, Corpus Christi, TX 78411
Whataburger field	\$ 144.70	6/10/2024	District 1 Invite nite	734 E. Port Ave. Corpus Christi, TX 78401
Miles Collaborative	\$ 3,000.00	4/29/2024	Campaign Management	3522 S. Alameda St, Corpus Christi, TX 78411
Inspiring Social	\$ 600.00	6/30/2024	6 months social media mgt	13842 Exchequer, Corpus Christi, TX 78410
Walmart	\$ 56.15	5/13/2024	Supplies	3829 US-77, Corpus Christi, TX 78410
CVS	\$ 36.15	5/20/2024	postage	2102 Airline Rd. Corpus Christi, Tx 78414
Texas A1	\$ 33.18	1/9/2024	meeting with social media mgr	1421 Northwest Blvd Ste 105, Corpus Christi, TX 78410
Anedot	\$ 236.40	6/30/2024	Service fee	1340 Poydras St #1770, New Orleans, LA 70112
TOTAL	\$ 7,859.81			