

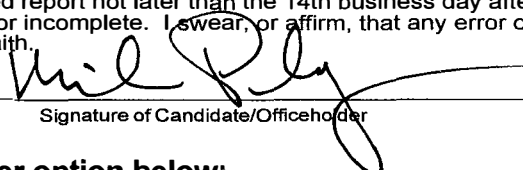
CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 8		OFFICE USE ONLY Date Filed 2/7/23			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mike	MI	Date Received			
	NICKNAME	LAST Pusley	SUFFIX	R Huerta Rebecca Huerta City Secretary			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand Delivered or Date Postmarked			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Receipt #	Amount \$		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed			
	<input type="checkbox"/> 8th day before election			Date Imaged			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07	01	2021	THROUGH	12	31	2021

6 EXPLANATION OF CORRECTION
Contributions reported did not match A1s . Amount was changed to match.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



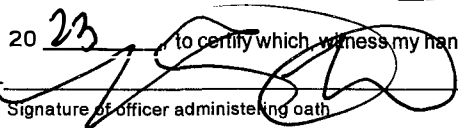
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mike pusley this the 7 day of February, 2023 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

Mariah Mannino Notary public

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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 Mr	FIRST James	MI MI	OFFICE USE ONLY
	NICKNAME Mike	LAST Pusley	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 3916 Castle Valley Drive, Corpus Christi, Tx 78410	APT / SUITE #;	CITY; STATE; ZIP CODE	Date Received Date Filed 2/7/23 <i>Rebecca Huerta</i> Rebecca Huerta City Secretary
	AREA CODE (361)	PHONE NUMBER 241 - 4839	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Matthew	MI MI	Receipt #
	NICKNAME Woolbright	LAST	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE; ZIP CODE
	1033 Cornerstone Drive Corpus Christi, Tx 78418			
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 834 - 6181	EXTENSION	Date Handled (if not reported, mark)
9 REPORT TYPE	<input checked="" 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 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 07 / 01 / 21		THROUGH	Month Day Year 12 / 31 / 21
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 22		ELECTION TYPE <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) City Council At-Large		13 OFFICE SOUGHT (if known) City Council At-Large	
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		

GO TO PAGE 2

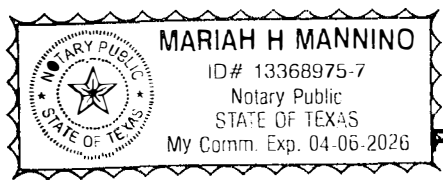
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mike Pusley		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)	\$ 87.36
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,574.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,525.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 51,553.39

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.

Mike Pusley
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mike pusley this the 7 day of February, 2023, to certify which, witness my hand and seal of office.

Mariah Mannino Printed name of officer administering oath
Signature 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 Mike Pusley		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 16,250.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 2,201.10
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 10,574.00
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:
2 FILER NAME See Attached		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor 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 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 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.

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 See Attached		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
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? <input type="checkbox"/> Y <input type="checkbox"/> 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 none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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.

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) |
| CreditCardPayment | | | |

The Instruction Guide explains how to complete this form.

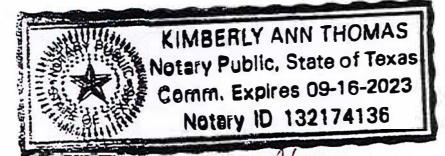
1 Total pages Schedule F1:		2 FILER NAME See Attached		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) Check if travel 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		Payee name			
Amount (\$)		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 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		
	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

Expenditures from Political Funds					
Date	Payee	Address	Category	Description	Amount
7/1/2021	Ashley Ross		Salary/Wages/Contract Labor	Website	75
8/2/2021	Ashley Ross		Salary/Wages/Contract Labor	Website	75
9/1/2021	Ashley Ross		Salary/Wages/Contract Labor	Website	75
10/1/2021	Ashley Ross		Salary/Wages/Contract Labor	Website	75
12/10/2021	Ashley Ross		Salary/Wages/Contract Labor	Website	75
12/10/2021	Ashley Ross		Salary/Wages/Contract Labor	Website	75
12/20/2021	Dreamers and Walkers Consulting	622 Bermuda Pl, Corpus Christi, TX 78418	Consulting Expense	Consulting	2000
9/3/2021	Corpus Christi Firefighters Relief Fund		Donation	Donation	175
8/12/2021	Kim Thomas		Fundraising	Fundraising Expenses	218.25
8/12/2021	Kim Thomas		Fundraising	Fundraising Expenses	400
8/25/2021	Katz 21		Fundraising	Food and beverage	520 start
8/5/2021	Ace Hardware		Office supplies	Keys	5.98 ending
10/6/2021	Dreamers and Walkers Consulting	622 Bermuda Pl, Corpus Christi, TX 78418	Consulting Expense	Consulting	3500
8/6/2021	Dreamers and Walkers Consulting	623 Bermuda Pl, Corpus Christi, TX 78418	Consulting Expense	Consulting	3250
8/10/2021	USPS		Mailing Expense	Stamps	55

Contributions					
Date	Name		Amount		
9/14/2021	Jesus Jimenez	\$	500.00		
9/10/2021	Tina Fagan	\$	250.00		
7/22/2021	Corpus Christi Firefighters Association	\$	750.00		
7/22/2021	Thomas and Erin Wilder	\$	1,000.00		
7/22/2021	Wayne Lundquist	\$	250.00		
7/22/2021	Barton Braselton	\$	1,000.00		
7/22/2021	Kenneth and Kimberly Griffen	\$	100.00		
7/23/2021	John and Jackie Michael	\$	250.00		
7/22/2021	Larry and Karen Urban	\$	1,000.00		
7/22/2021	Robert Adler	\$	250.00		
7/22/2021	Gloria and Fred Braselton	\$	1,000.00		
7/22/2021	Phillip and Michelle Ramirez	\$	1,000.00		
7/22/2021	Robert Parker	\$	1,500.00		
7/22/2021	David Wilson	\$	500.00		
7/21/2021	Paul and Eivira Chapa	\$	500.00		
7/20/2021	Linebarger Goggan Blair & Sampson LLP	\$	1,000.00		
7/22/2021	Raynaldo De Los Santos	\$	1,000.00		
7/13/2021	Trepac/Texas Association of Realtors	\$	1,500.00		
7/22/2021	Samuel Neal	\$	500.00		
7/22/2021	H.C. Well	\$	200.00		
7/22/2021	Cuatro Milpas	\$	200.00		
7/22/2021	Dan Leyendecker	\$	500.00		
9/2/2021	Raju Bhagat	\$	1,000.00		
7/22/2021	Jason Ziprian	\$	500.00		

Loans					
Date	Payee	Interest Rate	Amount		
8/6/2021	Mike Pusley		0 \$	528.46	
8/20/2021	Mike Pusley		0 \$	205.23	
7/9/2021	Mike Pusley		0 \$	528.47	
7/23/2021	Mike Pusley		0 \$	205.24	
9/3/2021	Mike Pusley		0 \$	528.46	
9/17/2021	Mike Pusley		0 \$	205.24	



Kimberly Thomas
1/18/2022

Report For
7/1/2021 - 12/31/2021

Mike Pusley
1/18/2022