# 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 NAME	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
IVAIVIE	NICKNAME LAST MCKay	SUFFIX	Date Filed 1/15 25
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO 1008 Marguerite St. Corpus Ch	CITY; STATE; ZIP CODE	RHuerta
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361 ) 271-3124	EXTENSION	Rebecca Huerta  Date Hart give be per argumarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Arturo	МІ	Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 317 Peoples St #706 Corpus C	DOMESTICAL DESCRIPTION	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 472-7126	EXTENSION	
9 REPORT TYPE	July 15 30th day before electrical and statement of the s	hammed .	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 26 / 24	THROUGH 1	Day Year  / 15 / 25
11 ELECTION	Month Day Year Primary  11 / 5 / 24 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Dis	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE TYPE COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	GENERAL COMMITTEE ADDRESS		
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	77.01
	GO TO I	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

		*****			
15 C/OH NAME Eli McKay			16 Filer	ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		AN	\$	
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	5)	\$	34.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPEND	ITURES		\$	593.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS ( G PERIOD	OF THE	\$	0
	swear, or affirm, under penalty of perjury, t quired to be reported by me under Title 15, E		ue and co	rrect and inc	ludes all information
		-1.			
	and the second in the second i			MARKET BELLEVILLE STATE OF THE	Afternation of the state of the
V 88 W 90.2	H MANNINO	Signature of C	andidate d	or Officeholo	ier
N N	otary Public				
STA My Comr	TE OF TEXAS n. Exp. 04-06-2026				
		lete either option belo	w:		
	. 10400 cop		•••		
(1) Affidavit					
NOTARY STAMP/SEA	I.				
	TI: NA Va	١٨.	16th	1 T	asov karenka
Sworn to and subscribed	before me by <u>FII</u> IV IC FU	this the	15"	_ day of	january.
20 25 to certify	which witness my hand and seal of office.				, ,
1		Un Mannino	N_	- 1	public :
Signature of officer administer	ering oath Printed name of offi	cer administering oath		Title of office	r administering oath
		OR .			
(2) Unsworn Declarati	on				
My name is		and my date of birth i	s		
My address is		said injudic of billing	<del>-</del>		<del></del> •
	(street)	(city)	(state) (	(zip code)	(country)
Executed in	County, State of	· •	•		
		(mon	th)	(year)	
		Signature of Cand	idate/Office	eholder (Dec	elarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmissior	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		_	UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	34.67
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$	593.75
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	s form.	1 Total pages Schedule A1:	
2 FILER NAME Eli McKay				3 Filer ID (Ethics Commission Filers)	
4 Date 11.15.24	5 Full name of contributor Julie Rogers 6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$)	
			Sti 17 70404		
	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)	
Retin	e d		NIA		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
er	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	I etions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	10	Employer (See Instruc	otions)	
	ATTACH ADDIT	IONAL COPIES (	OF THIS SCHEDULE AS N	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.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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 c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Eli McKay		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/27/24	Home Depot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
107.31	4038 S Port Ave, Corpus Christi, TX	78415	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Supplies	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/27/25	Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
9.10	1737 S Staples St, Corpus Christi, T>	〈 78404	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Event Supplies	S
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/29/24	Amazon		
Amount (\$)	Payee address;	City;	State, Zip Code
86.55	410 Terry Avenue North, Seattle, WA	98109	
	Category (See Categories listed at the top of this schedule)	Description	Market and the second
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

# 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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politice Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to a	Vages/Contract Labor  complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/24	5 Payee name USPS		<u>L</u>
6 Amount (\$) 201.60	<ul><li>7 Payee address;</li><li>802 N Tancahua St, Corpus Christi,</li></ul>	City; <b>FX 78401</b>	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Postage	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/31/24	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
112.00	6742 Weber Rd, Corpus Christi, TX 7	78413	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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		
11/4/24	Dollar Tree		
Amount (\$)	Payee address;	City;	State; Zip Code
2.71	1240 S Port Ave, Corpus Christi, TX	78405	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED

# 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 Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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	APPENDICATION OF THE PROPERTY	3 Filer ID (Ethic	s Commission Filers	)
4 Date	5 Payee name		L		
11/7/24	Valero Gas Station				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
34.00	1601 Agnes St, Corpus Christi, TX 78	8401			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Travel in District	Fuel			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name			t t t	
11/15/25	Donorbox				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1.92	1520 Belleview Blvd #4106 Alexandr	ia VA 22307			
<u></u>	Category (See Categories listed at the top of this schedule)	Description			-
PURPOSE OF EXPENDITURE	Accounting/Banking	Donation Platf	form Process	ing Fee	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Gomplete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	-
Date	Payee name				
11/29/24	Frost Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
10.00	501 S. Shoreline Blvd. Corpus Christi	TX 78401			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Service Charge	9		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

# 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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	On or former a catego	ny normand above)
1 Total pages Schedule F1:	2 FILER NAME	ATT MANAGEMENT AND ASSESSMENT OF THE STATE O	3 Filer ID (Ethics	Commission Filers)
4 Date 12/31/24	5 Payee name Frost Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.00	501 S. Shoreline Blvd. Corpus Christi	TX 78401		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Service Charg	je	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/15/25	Campos Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
18.56	4410 Fir St. Corpus Christi TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donations Made by Candidate	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			0
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 Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to com	plete this form.
	<ul> <li>Complete only if "Report Type" on page 1 is n</li> </ul>	narked "Final Report" ••
C/O	PH NAME	2 Filer ID (Ethics Commission Filers)
Ξli Ν	ИсКау	
3 SIG	NATURE	
l do	not expect any further political contributions or political expenditures in con-	nection with my candidacy. I understand that
	ignating a report as a final report terminates my campaign treasurer appoint	· · · · · · · · · · · · · · · · · · ·
cam	npaign contributions or make any campaign expenditures without a campaign	n treasurer appointment on file.
		200
		Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER	
•• 0	Complete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
CI	heck only one:	
V	I do not have unexpended contributions or unexpended interest or inco	ome earned from political contributions.
T. Care	I have unexpended contributions or unexpended interest or income earmay not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned or filling this final report. Further, I understand that I must dispose of unexpended or income earned on political contributions in accordance with	terest or income earned on political contributions to unexpended contributions and that I may not retain a political contributions longer than six years after spended political contributions and unexpended
В.	ASSETS	
CI	heck only one:	
~	I do not retain assets purchased with political contributions or interest of	or other income from political contributions.
equities.	I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	nterest or other income from political contributions to
	-	Signature of Candidate
		-
	FICEHOLDER complete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended of an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as m political contributions, or assets purchased with
	-	Signature of Officeholder