

# 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:<br><b>9</b>   |   |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br><b>Mr</b>   | FIRST<br><b>Michael</b>               | MI<br><b>T</b>   | <b>OFFICE USE ONLY</b><br>Date Received<br><br><b>Date Filed 12/6/24</b><br><br><b>Rebecca Huerta</b><br>City Secretary |
|  | NICKNAME   | LAST<br><b>Hunter</b>                 | SUFFIX   |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>7201 Pharaoh Dr, Corpus Christi, TX 78412</b>   |                                       |  | Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____  |
| <input type="checkbox"/> Change of Address                     |  |                                       |  |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE<br><b>( 361 )</b>  | PHONE NUMBER<br><b>548 - 2816</b>     | EXTENSION  |   |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR<br><b>Mrs</b>  | FIRST<br><b>Cecilga Garcia</b>        | MI<br><b></b>  |   |
|  | NICKNAME   | LAST<br><b>Akers</b>                  | SUFFIX   |   |
| 7 CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>7201 Pharaoh Dr, Corpus Christi, TX 78412</b>  |                                       |  |   |
| (Residence or Business)  |  |                                       |  |   |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE<br><b>( 361 )</b>  | PHONE NUMBER<br><b>548 - 2816</b>     | EXTENSION  |   |
| 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)<br><input type="checkbox"/> July 15 <input checked="" 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<br><b>10 / 27 / 2024</b>  |                                       | THROUGH  | Month    Day    Year<br><b>12 / 06 / 2024</b>   |
| 11 ELECTION  | ELECTION DATE<br>Month    Day    Year<br><b>12 / 14 / 2024</b>   |                                       | ELECTION TYPE<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>Corpus Christi City Council At-Large</b>  |                                       | 13 OFFICE SOUGHT (if known)<br><b>Mayor of Corpus Christi</b>  |   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                          | 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.  |                                       |  |   |
| <input type="checkbox"/> Additional Pages                      | 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  
Michael Hunter

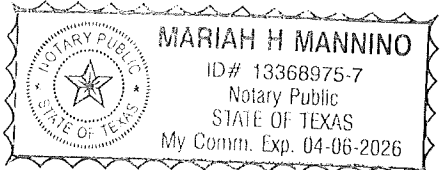
16 Filer ID (Ethics Commission Filers)

|                         |   |               |
|-------------------------|---|---------------|
| 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)  | \$ 267,796.99 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 1237.44    |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 33,118.00  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 22,206.12  |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$            |

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.

*Michael Hunter*

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Hunter this the 6<sup>th</sup> day of December

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

*[Signature]*

Mariah Mannino

Notary public

Signature of officer administering oath

Printed name of officer administering oath

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\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Michael Hunter</i>    |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 15,997.89                           |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 251,799.10                          |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 33,118.00                           |
| 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 <i>Michael Hunter</i>                        |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>see attached</i> | 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#: _____)<br>.....<br>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#: _____)<br>.....<br>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#: _____)<br>.....<br>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.

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| Date       | Full name     | Contributor address | City           | State | Zip   | Amount     |
|------------|---------------|---------------------|----------------|-------|-------|------------|
| 11/4/2024  | Dan Leyend    |                     | Corpus Christi | TX    | 78418 | \$250.00   |
| 11/5/2024  | Sam L Susse   |                     | Dallas         | TX    | 75201 | \$1,000.00 |
| 11/6/2024  | Lisa McMur    |                     | Portland       | TX    | 78374 | \$104.42   |
| 11/7/2024  | Sam Beecro    |                     | Corpus Christi | TX    | 78411 | \$500.00   |
| 11/8/2024  | Ron Lewis     |                     | Austin         | TX    | 78701 | \$500.00   |
| 11/9/2024  | michael joh   |                     | Austin         | TX    | 78701 | \$1,041.44 |
| 11/10/2024 | Daniel John   |                     | Corpus Christi | TX    | 78418 | \$50.00    |
| 11/11/2024 | Charles Smi   |                     | Corpus Christi | TX    | 78418 | \$260.59   |
| 11/12/2024 | Sean Strawt   |                     | Corpus Christi | TX    | 78404 | \$1,041.44 |
| 11/13/2024 | Nancy Grav    |                     | Corpus Christi | TX    | 78411 | \$250.00   |
| 11/14/2024 | Dos Gates     |                     | Corpus Christi | TX    | 78411 | \$5,000.00 |
| 11/15/2024 | Dave Hoffm    |                     | Corpus Christi | TX    | 78418 | \$500.00   |
| 11/16/2024 | Jeffery Hilde |                     | Houston        | TX    | 77002 | \$2,500.00 |
| 11/17/2024 | Rabih Zeida   |                     | Corpus Christi | TX    | 78413 | \$100.00   |
| 11/18/2024 | John Holmg    |                     | Corpus Christi | TX    | 78412 | \$250.00   |
| 11/19/2024 | John Wrano    |                     | CORP CHRISTI   | TX    | 78411 | \$200.00   |
| 11/20/2024 | Eileen Dodd   |                     | Corpus Christi | TX    | 78410 | \$50.00    |
| 11/1/2024  | Furman Plaz   |                     | Corpus Christi | Tx    | 78418 | \$100.00   |
| 11/1/2024  | William Dur   |                     | Corpus Christi | Tx    | 78401 | \$1,500.00 |
| 11/1/2024  | Gulley Fami   |                     | Corpus Christi | TX    | 78414 | \$500.00   |
| 11/1/2024  | Oso Bridge I  |                     | Corpus Christi | TX    | 78415 | \$150.00   |
| 11/1/2024  | Salazar Inve  |                     | Corpus Christi | TX    | 78415 | \$125.00   |
| 11/1/2024  | rodd Village  |                     | Corpus Christi | TX    | 78415 | \$100.00   |
| 11/1/2024  | J&E Racnh t   |                     | Corpus Christi | TX    | 78415 | \$50.00    |
| 11/1/2024  | Salazar       |                     | Corpus Christi | TX    | 78415 | \$125.00   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  |                                    |
| 2 FILER NAME <i>Michael Hunter</i>  |  | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |  | \$  |                                    |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>See Attached</i>                               | 8 Amount of Contribution \$   | 9 In-kind contribution description |
| 7 Contributor address; City; State; Zip Code  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                    |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |   |                                    |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code | Amount of Contribution \$   | In-kind contribution description   |
|   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  |  | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |                                    |
| Contributor's principal occupation (FOR JUDICIAL)   |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |                                    |
| Contributor's employer/law firm (FOR JUDICIAL)  |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                    |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |   |                                    |
|   |  |   |                                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |                                    |

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| Amount        | Date       | Payee Name     | Payee Address | City  | State | Zip   | Category    | Description    |
|---------------|------------|----------------|---------------|-------|-------|-------|-------------|----------------|
| \$ 142,532.33 | 11/18/2024 | Thomas J Henry |               | Corpi | Texas | 78401 | Advertising | TV             |
| \$ 18,593.25  | 11/19/2024 | Thomas J Henry |               | Corpi | Texas | 78401 | Advertising | Cable          |
| \$ 14,359.80  | 11/20/2024 | Thomas J Henry |               | Corpi | Texas | 78401 | Advertising | Radio          |
| \$ 10,893.24  | 11/21/2024 | Thomas J Henry |               | Corpi | Texas | 78401 | Advertising | Outdoor        |
| \$ 2,905.48   | 11/22/2024 | Thomas J Henry |               | Corpi | Texas | 78401 | Advertising | Print          |
| \$ 25,000.00  | 11/23/2024 | Thomas J Henry |               | Corpi | Texas | 78401 | Advertising | Digital        |
| \$ 12,000.00  | 11/24/2024 | Thomas J Henry |               | Corpi | Texas | 78401 | Advertising | Production     |
| \$ 4,015.00   | 11/25/2024 | Thomas J Henry |               | Corpi | Texas | 78401 | Advertising | TBD Production |
| \$ 16,500.00  | 11/30/2024 | Todd Hunter    |               | Corpi | Texas | 78412 | Consulting  | Murphy Nasica  |
| \$ 5,000.00   | 11/30/2024 | Todd Hunter    |               | Corpi | Texas | 78412 | Advertising | Tv Radio       |

# 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.

|                                   |   |  |
|-----------------------------------|---|--|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME <i>Michael Hunter</i> | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---|--|

|               |   |
|---------------|---|
| <b>4</b> Date | <b>5</b> Payee name <i>See Attached</i> |
|---------------|---|

|                      |                         |       |        |          |
|----------------------|-------------------------|-------|--------|----------|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

|   |  |                        |
|---|--|------------------------|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> 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 |
|-------------|----------------|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | 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 |
|-------------|----------------|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | 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**



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| Date        | Payee Name               | Amount  | Payee Address              | City           | State | Zip   | Category    | Description          |
|-------------|--------------------------|---------|----------------------------|----------------|-------|-------|-------------|----------------------|
| 12/5/2024   | Dreamers and Walkers     | 2,000   | 15813 El Socorro Loop      | Corpus Christi | Texas | 78418 | Consulting  | Consulting           |
| 11/25/2024  | Steve Ray and associates | 2000    | PO box 742                 | Corpus Christi | Texas | 78403 | Consulting  | Consulting           |
| 12/01/20024 | Neely's Printing         | 2834.75 | 1011 Louisiana Ave         | Corpus Christi | Texas | 78404 | Promotion   | Signs                |
| 12/2/2024   | 1983 Mexi Café CC        | 390.02  | 5358 Kostoryz Rd           | Corpus Christi | Texas | 78415 | Event       | Event                |
| 11/27/2024  | Gulf Coast Mailing       | 1995.64 | 6901 S Padre Island Dr     | Corpus Christi | Texas | 78412 | Advertising | Marketing            |
| 11/22/2024  | Rock & Roll Sushi        | 350.11  | 15121 S Padre Island Dr #  | Corpus Christi | Texas | 78418 | Event       | Event                |
| 11/19/2024  | Steve Ray & Associates   | 850     | PO box 742                 | Corpus Christi | Texas | 78403 | Wages       | Signs & Sign Wavers  |
| 11/15/2024  | Gulf Coast Mailing       | 361.01  | 6901 S Padre Island Dr     | Corpus Christi | Texas | 78412 | Advertising | marketing            |
| 11/13/2024  | Tannins Bar and Grill    | 236.73  | 7629 S Staples St Ste A111 | Corpus Christi | Texas | 78413 | Event       | Event                |
| 11/6/2024   | Steve Ray and Associates | 6000    | PO box 742                 | Corpus Christi | Texas | 78403 | Advertising | Tv/Radio ad expenses |
| 11/12/2024  | Steve Ray and Associates | 300     | PO box 742                 | Corpus Christi | Texas | 78403 | Wages       | Signs & Sign Wavers  |
| 11/30/2024  | Nueces County GOP        | 100     | 5151 Flynn Pkwy #103       | Corpus Christi | Texas | 78411 | Advertising | ads                  |
| 11/4/2024   | Steve Ray and Associates | 7000    | PO box 742                 | Corpus Christi | Texas | 78403 | Advertising | tv radio             |
| 11/4/2024   | Steve Ray and Associates | 5000    | PO box 742                 | Corpus Christi | Texas | 78403 | Advertising | tv radio             |
| 12/5/2024   | Murphy Nasica            | 7500    | 919 Congress Ave Suite 2C  | Austin         | Texas | 78701 | Consulting  | Consulting           |
| 10/28/2024  | Murphy Nasica            | 1200    | 919 Congress Ave Suite 2C  | Austin         | Texas | 78701 | Consulting  | Consulting           |