


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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received Date Filed 1/7/25  Rebecca Huerta City Secretary
		Mr. Adalberto		
	NICKNAME	LAST	SUFFIX	
		Carrillo III	III	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
Change of Address	4045 Killarmet Dr. Corpus Christi, Texas 78413			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Filed (if different from above)
	(361)	331-9625		Receipt #
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Amount \$
	Mr.	Alan		Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		Kreuger		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	6901 South Padre Island Dr. Corpus Christi, Texas 78412			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(361)	815-5586		
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	Month
	07	01	2024	THROUGH 12/31/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	NA		Corpus Christi City Council District 3	
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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	NA		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

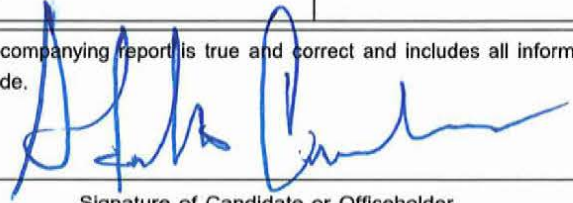
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

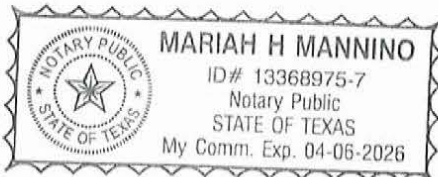
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 10,805.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,162.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.



Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adalberto Carrillo III this the 7th day of January, 2025, 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____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,805.00
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 CONTRIBUTIONS	\$ 15,162.00
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 ADALBERTO CARRILLO III		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) SEE ATTACHED	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor 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.

A1 - CONTRIBUTIION REPORT

DATE	AMOUNT	DONOR	CITY	STATE	ZIP
4/14/2024	\$ 1,000.00		CORPUS CHRISTI	TEXAS	78416
4/14/2024	\$ 500.00		CORPUS CHRISTI	TEXAS	78410
4/14/2024	\$ 300.00		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 250.00		CORPUS CHRISTI	TEXAS	78413
4/14/2024	\$ 250.00		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 200.00		CORPUS CHRISTI	TEXAS	78418
4/14/2024	\$ 110.00		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78411
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78411
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78413
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78468
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78409
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78401
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78411
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78413
4/14/2024	\$ 100.00		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 60.00		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 50.00		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 50.00		CORPUS CHRISTI	TEXAS	78401
4/14/2024	\$ 50.00		CORPUS CHRISTI	TEXAS	78416
4/14/2024	\$ 50.00		CORPUS CHRISTI	TEXAS	78414
4/14/2024	\$ 40.00		CORPUS CHRISTI	TEXAS	78412
4/14/2024	\$ 20.00		CORPUS CHRISTI	TEXAS	78414
5/29/2024	\$500.00		CORPUS CHRISTI	TEXAS	78411
5/20/2024	\$100.00		WIMBERLEY	TEXAS	78676
5/31/2024	\$100.00		CORPUS CHRISTI	TEXAS	78413
5/20/2024	\$50.00		CORPUS CHRISTI	TEXAS	78414
6/26/2024	\$50.00		CORPUS CHRISTI	TEXAS	78411
6/28/2024	\$100.00		CORPUS CHRISTI	TEXAS	78414
7/6/2024	\$500.00		CORPUS CHRISTI	TEXAS	78413
7/17/2024	\$100.00		CORPUS CHRISTI	TEXAS	78412
7/25/2024	\$200.00		CORPUS CHRISTI	TEXAS	78426

7/25/2024	\$500.00		CORPUS CHRISTI	TEXAS	78410
7/25/2024	\$100.00		CORPUS CHRISTI	TEXAS	78410
7/25/2024	\$150.00		CORPUS CHRISTI	TEXAS	78401
7/25/2024	\$50.00		CORPUS CHRISTI	TEXAS	78404
7/25/2024	\$500.00		CORPUS CHRISTI	TEXAS	78414
7/25/2024	\$250.00		CORPUS CHRISTI	TEXAS	78413
7/25/2024	\$100.00		CORPUS CHRISTI	TEXAS	78466
7/25/2024	\$100.00		CORPUS CHRISTI	TEXAS	78413
7/25/2024	\$30.00		CORPUS CHRISTI	TEXAS	78413
7/25/2024	\$25.00		CORPUS CHRISTI	TEXAS	78414
7/25/2024	\$100.00		CORPUS CHRISTI	TEXAS	78414
7/25/2024	\$100.00		CORPUS CHRISTI	TEXAS	78412
7/25/2024	\$250.00		CORPUS CHRISTI	TEXAS	78411
7/25/2024	\$200.00		CORPUS CHRISTI	TEXAS	78413
7/25/2024	\$50.00		CORPUS CHRISTI	TEXAS	78415
7/25/2024	\$25.00		CORPUS CHRISTI	TEXAS	78418
7/29/2024	\$100.00		CORPUS CHRISTI	TEXAS	78404
7/29/2024	\$100.00		CORPUS CHRISTI	TEXAS	78414
7/31/2024	\$50.00		SAN ANTONIO	TEXAS	78232
7/31/2024	\$500.00		ROBSTOWN	TEXAS	78380
8/1/2024	\$250.00		CORPUS CHRISTI	TEXAS	78413
8/2/2024	\$45.00		CORPUS CHRISTI	TEXAS	78467
8/3/2024	\$50.00		CORPUS CHRISTI	TEXAS	78411
8/5/2024	\$75.00		CORPUS CHRISTI	TEXAS	78410
8/14/2024	\$100.00		MEDINA	OHIO	44256
8/14/2024	\$20.00		ROCKPORT	TEXAS	78382
8/20/2024	\$50.00		CORPUS CHRISTI	TEXAS	78413
8/21/2024	\$100.00		CORPUS CHRISTI	TEXAS	78405
8/22/2024	\$200.00		CORPUS CHRISTI	TEXAS	78414
8/30/2024	\$45.00		CORPUS CHRISTI	TEXAS	78467
9/1/2024	\$300.00		CORPUS CHRISTI	TEXAS	78414
9/9/2024	\$250.00		CORPUS CHRISTI	TEXAS	78413
9/12/2024	\$40.00		CORPUS CHRISTI	TEXAS	78413
9/13/2024	\$100.00		CORPUS CHRISTI	TEXAS	78414
9/14/2024	\$250.00		CORPUS CHRISTI	TEXAS	78411
9/28/2024	\$20.00		CORPUS CHRISTI	TEXAS	78415
	\$10,805.00				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ADALBERTO CARRILLO III	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name SEE ATTACHED	
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

F1 - EXPENDITURES

DATE	AMT	NAME OF BUSINESS	CATEGORY	DESCRIPTION
3/12/2024	\$281.45	ELITE PROMO, LLC	ADVERTISING	KOLDER KADDY COLLIE
3/28/2024	\$21.65	OFFICE DEPOT	PRINTING	INVITATIONS
3/28/2024	\$120.00	ELITE PROMO, LLC	ADVERTISING	YARD/CAMPAIGN SIGNS
4/3/2024	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
4/14/2024	\$640.39	NY PIZZA COMPANY	FOOD/BEVERAGE	MEALS
4/21/2024	\$20.53	HEB STAMPS	OTHER	LETTERS
4/26/2024	\$85.00	US POSTAL SERVICES	OTHER	PO BOX
5/1/2024	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
5/1/2024	\$435.36	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
5/31/2024	\$290.09	ELITE PROMOTIONS, LLC	ADVERTISING	EMBROIDERY, PENS, CAR MAGNETS
6/4/2024	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
6/4/2024	\$213.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
6/28/2024	\$290.09	ELITE PROMOTIONS, LLC	ADVERTISING	KOLDER KADDY COLLIE
6/28/2024	\$487.13	ELITE PROMOTIONS, LLC	ADVERTISING	TEE-SHIRTS
6/30/2024	\$500.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
6/30/2024	\$184.03	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
7/25/2024	\$966.13	NEELY PRINTING	ADVERTISING	SIGNS
7/25/2024	\$36.81	ELITE PROMOTIONS, LLC	ADVERTISING	SHIRT EMBRODERY
7/31/2024	\$18.36	TRACTOR SUPPLY	ADVERTISING	TEE-POSTS
8/5/2024	\$250.00	CALL HUB	ADVERTISING	DATA ACCESS
8/7/2024	\$90.42	WALMART SUPER CENTER	ADVERTISING	SHIRTS
8/9/2024	\$18.36	TRACTOR SUPPLY	ADVERTISING	TEE-POSTS
8/23/2024	\$703.63	GRUNWALD PRINTING	ADVERTISING	SIGNS
8/23/2024	\$64.35	TRACTOR SUPPLY	ADVERTISING	TEE-POSTS
8/26/2024	\$64.38	TRACTOR SUPPLY	ADVERTISING	TEE-POSTS
9/4/2024	\$1,000.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
9/9/2024	\$405.94	GRUNWALD PRINTING	ADVERTISING	SIGNS
9/10/2024	\$281.45	ELITE PROMOTIONS, LLC	ADVERTISING	KOLDER KADDY COLLIE
9/23/2024	\$722.40	KING MAKER SEVICES	ADVERTISING	DATA ACCESS SERVICES
9/28/2024	\$78.16	HEB GROCERS	FOOD/BEVERAGE	WATER, CHIPS, SANDWICHES
9/29/2024	\$1,000.00	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
9/29/2024	\$520.00	I HEART RADIO	ADVERTISING	RADIO ADVERTISEMENT
10/19/2024	\$184.03	DREAMERS AND WALKERS CONSULTING	CONSULTING	CONSULTING EXPENSE
11/10/2024	\$338.88	DREAMERS AND WALKERS CONSULTING	CONSULTING	TEXT ADVERTISEMENT
11/11/2024	\$3,350.00	ADALBERTO AND JOAN CARRILLO	LOAN	REMITTANCE
	\$15,162.02			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

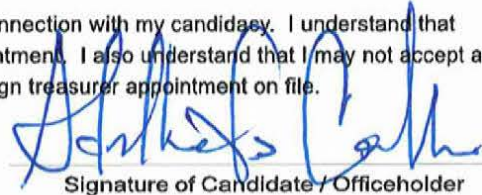
1 C/OH NAME

ADALBERTO PARRILLO III

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

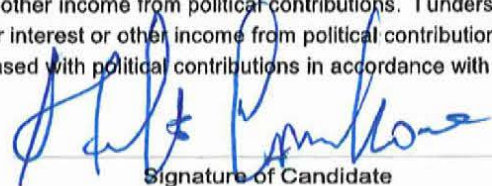
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder