CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed	:	Date File	CEUSEONLY ed 10/11/22
3 CANDIDATE/	MS / MRS / MR FIRST		MI	Date Received	
OFFICEHOLDER	MR. CHRISTOF	DUFR	M		
NAME		rici		DI	astt. K
	NICKNAME LAST		SUFFIX	Thespec	a juena
	HEG6	5			a Huerta
4 ORIGINAL REPORT	January 15 Rui	noff	Final report	Dat Chitty de Se	ecretary
TYPE	July 15 Exc	eeded modified reporting			
	30th day before election	ι h day after treasurer	Other (specify)	Receipt #	· Amount \$
		pointment (officeholder only)	Date Processed	
5 ORIGINAL PERIOD	Month Day Year	Month	Day Yea		
COVERED			/ /	Date Imaged	
	08/ /2022 11	HROUGH 10/	10/202	_	
6 EXPLANATION OF CO					
UPDATED	DONOR ADDRESS				
REMOVAL	OF SCHEDULE FI	-			
7 SIGNATURE Swe	ear, or affirm, under penalty o	perjury, that this	s corrected rep	ort is true and c	orrect.
Che	ck ONLY if applicable:				
Semiannua mislead or	I reports: I swear, or affirm, that to misrepre-sent the information	the original report	was made in go eport.	ood faith and witho	out an intent to
	ts: I swear, or affirm, that I am fi				
A date I learn	ed that the report as originally file the report as originally filed was	ed is inaccurate or	r incomplete. I s		
		made in good fail	26/11-	11	
MA ARY PUBLIS MA	RIAH H MANNINO		Zignatura of C-	ndidate/Officeholder	
	ID# 13368975-7		Signature of Car	ididate/Onicendider	
	Notary Public STATE OF TEXAS Please C	omplete eithe	r option belo	w:	
(1) Affidavit	Comm. Exp. 04-06-2026	o.mpioto oitilo	. 50511 2010		
(I) MIIMAWI					
NOTARY STAMP/SE	AL				
	Clasichan	non Hon	Λ	11	ortalogr
Sworn to and subscribe	d before me by VIII 1870P	no tlen	this th	e day of	UVIDION,
20 22 , to/certi	fy which witness my hand and seal of o	ffice.		arrack was	ry public
11	Max Max	riah Manna	กอ	Notai	ru public
Signature of officer adminis		ne of officer administeri		Title of o	fficer administering oath
No. of the second secon		OR			77 (SVY 200)
		_ OR			
(2) Unsworn Declara	tion				
My name is		, ar	nd my date of birth	is	·
My address is		,	,		
	(street)			(state) (zip code	
Executed in	County, State of	, on the	day of	, 20	•
			(mo	nth) (ye	ar)
			Signature of Car	ndidate/Officeholder (Declarant)
			***************************************	***************************************	ANALYS AND ANALYS ANALYS AND ANALYS ANALYS AND ANALYS ANALYS AND ANALYS AND ANALYS AND ANALYS AND ANALYS AND ANALYS AND A
Remember To At	tach Any Part Of The Campaigi	r Finance Report	Form Needed 1	To Report And Ex	plain Corrections

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR MI OFFICEHOLDER OFFICE USE ONLY CHRISTOPHER M NAME Date Received NICKNAME LAST SUFFIX

1		HEGG				Date Fi	led 10/11/c
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 6725 ODESSA DR		#; CITY; CORPUS CHRISTI.	STATE;	ZIP CODE 78413	Robert	attente
Change of Address	2					Rebec	ca Huerta
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 815 - 8194		EXTENSI	ON	Date Hand de Vere	Secretary _{ked}
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS. NICKNAME	FIRST MIRZA LAST PEARSON			MI M SUFFIX	Receipt # Date Processed Date Imaged	Amount S
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		CITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 480 - 1709		EXTENSI	ON		
9 REPORT TYPE	January 15 July 15		before election		off eeded Modified orting Limit	treasurer (Officehold	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 08	Day Year 22 / 2022	THR	OUGH	Month 10	Day Yea / 10 / 20	
11 ELECTION	Month Day	Year X		unoff [Other Description		
12 OFFICE	OFFICE HELD (if any)		1:		SOUGHT (if known	n) TI, COUNCIL MEM	IBER, DISTRICT 5
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	AND OFFICEHOLDERS AR					MMITTEES TO SUPPORT DLDER'S KNOWLEDGE OR DF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRES	SS				
	SPECIFIC	COMMITTEE CAMPAI				*	
		COMMITTEE CAMPA	IGN TREASURER A	DDRESS			
		GO	TO PAGE	2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	CHRISTOPHER M HEGG	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOAN CONTRIBUTIONS MADE ELECTRONICALLY)	ONS (OTHER THAN NS, OR \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	TEES OF LOANS) \$ 13,037.46
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,582.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINE OF REPORTING PERIOD	ED AS OF THE LAST DAY \$ 2,448.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAND LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE \$ 10,582.46
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompar juired to be reported by me under Title 15, Election Code.	nying report is true and correct and includes all information
	RIAH H MANNINO ID# 13368975-7 Notary Public STATE OF TEXAS Comm. Exp. 04-06-2026 Please complete either of	Signature of Candidate or Officeholder Option below:
(1) Affidavit		
NOTARY STAMP/SEAL	Classic Lologia II	II nol las
Sworn to and subscribed 20 22 to certify	which, witness my hand and seal of office.	this the day of,
Signature of officer administer	ring oath Printed name of officer administering of	
(2) Unsworn Declaration	on	
My name is	, and r	my date of birth is
Executed in	(street) County, State of , on the	(city) (state) (zip code) (country) day of, 20 (month) (year)
		ignature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME CHRISTOPHER M HEGG CHRISTOPHER M HEGG	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,355.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. X SCHEDULE E: LOANS	\$ 10,428.46
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.00
10. X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 10,428.46
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The contribution Christopher Marker Christopher Marker Christopher Marker Mar	The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
9/1/2022 6 Contributor address; City; State: Zip Code S100.Ju) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#	FILER NAME	CHRISTOPHER M HEGG		3 Filer ID (Ethics Commission Filers
9/1/2022 6 Contributor address City State Zip Code S100.30	Date	RYAN RICCIARDI	D#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) MELODY COOPER S250.00 9/9/2022 Contributor address; City; State; Zip Code S250.00 9/9/2022 S55 N CARANCAHUA ST, STE 850, CORPUS CHRISTI, TX 78401 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) SHAWN KARACA 9/21/2022 Contributor address; City; State; Zip Code \$105.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) CLARK PIPLINE SERVICES City; State; Zip Code S2,000.00 CLARK PIPLINE SERVICES CORPUS CHRISTI. TX 78409	9/1/2022	6 Contributor address; City;	·	\$100.00
MELODY COOPER 9/9/2022 Contributor address; City; State; Zip Code \$250.00 S55 N CARANCAHUA ST, STE 850, CORPUS CHRISTI, TX 78401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) SHAWN KARACA 9/21/2022 Contributor address; City; State; Zip Code \$105.00 7701 HARTLEY CIRCLE, CORPUS CHRISTI, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) CLARK PIPLINE SERVICES 10/4/2022 Contributor address; City; State; Zip Code \$2,000.00 6229 LEOPARD ST, CORPUS CHRISTI, TX 78409	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
9/9/2022 Contributor address; City; State; Zip Code \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	MELODY COOPER	D#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) SHAWN KARACA 9/21/2022 Contributor address; City; State; Zip Code \$105.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) CLARK PIPLINE SERVICES 10/4/2022 Contributor address; City; State; Zip Code \$2,000.00	9/9/2022	Contributor address; City;	, , ,	\$250.00
SHAWN KARACA 9/21/2022 Contributor address; City; State; Zip Code \$105.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) CLARK PIPLINE SERVICES 10/4/2022 Contributor address; City; State; Zip Code \$2,000.00 6229 LEOPARD ST, CORPUS CHRISTI, TX 78409	Principal occup			ions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Part Full name of contributor OLARK PIPLINE SERVICES CORPUS CHRISTI. TX 78413 Employer (See Instructions) Amount of contribution (\$) CLARK PIPLINE SERVICES City; State; Zip Code \$2,000.00	Date		D#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) CLARK PIPLINE SERVICES 10/4/2022 Contributor address; City; State; Zip Code \$2,000.00 6229 LEOPARD ST, CORPUS CHRISTI, TX 78409	9/21/2022	Contributor address; City;		\$105.00
CLARK PIPLINE SERVICES 10/4/2022 Contributor address; City; State; Zip Code s2,000.00 6229 LEOPARD ST, CORPUS CHRISTI, TX 78409	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
6229 LEOPARD ST, CORPUS CHRISTI, TX 78409	Date	Odi-oi-state FAC (ii	D#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	10/4/2022	,	•	\$2,000.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

LOANS SCHEDULE E

	If the requested	d information is not applicable, DO NO	T include this page in the re	port.
	The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2	FILER NAME	CHRISTOPHER M HEGG		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
	VARIOUS	CHRISTOPHER M HEGG		\$10,482.46
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	YN	7625 ODESSA DR CORPUS CHR	USTI TX 78413	11 Maturity date NONE
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
-				
14	Description of Coll	ateral	Check if personal fun- account (See Instruct	ds were deposited into political tions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	ļ	18 Guarantor address; City;	State; Zip Code	
	not applicable		,	
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral		
	none		account (See Instruct	ds were deposited into political tions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupation	On (See Instructions)	Employer (See Instructions)	
	If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	EDED
				porting requirements.

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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		Office Overhead/Rental Expense	Solicitation/Fundraising Expense	
Consulting Expense	Food/Beverage Expense F	Polling Expense	Transportation Equipment & Related Expense Travel In District	
Contributions/Donations Made Candidate/Officeholder/Politic		Printing Expense	Travel Out Of District	
Credit Card Payment	• • • • • • • • • • • • • • • • • • • •	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
	The Instruction Guide explains h	now to complete this form.		
1 Total pages Schedule G:	2 FILER NAME CHRISTOPHER M F	HEGG	3 Filer ID (Ethics Commission Filers)	
4 5				
4 Date	5 Payee name			
08/22/2020	CITY OF CORPUS CHRISTI			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	1207 LEOPARDST,	CORPUS CHRIS	11, TX 78401	
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
OF EXPENDITURE	FEES	FILING FEE		
	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Austir	n, 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	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scher	dule) Description		
EM EMBITORE				
	Check if travel outside of Texas. Complete Schedu	uleT Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this sched	dule) Description		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedu	lle 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 T	HIS SCHEDULE AS NEED	DED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Printing Expense 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 H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CHRISTOPHER M HEGG 4 Date 5 Business name VARIOUS PHOENIX TECHOLOGY CONSULTING 6 Amount (\$) 7 Business address; Citv: State: Zip Code \$10,482.46 711 N. CARANCAHUA ST, STE 1750 CORPUS CHRISTI, TX, 78401 8 (a) Category (See Categories listed at the top of this schedule) (b) Description ADVERTISING EXPENSE PURPOSE Website design and hosting, graphic design, printed PRINTING EXPENSE materials, including political signage. **EXPENDITURE** EVENT EXPENSE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Business name Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED