


# 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 FIRST <b>Everett</b> A NICKNAME LAST <b>Roy</b> SUFFIX	<b>OFFICE USE ONLY</b> Date Received <b>Date Filed 1/3/23</b>  <b>Rebecca Huerta</b> City Secretary Date Hand Delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>14626 Red River Drive Corpus Christi TX 78410</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 443-9173</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <b>Robin</b> NICKNAME LAST <b>Ritchey-Roy</b> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>14626 Red River Drive Corpus Christi TX 78410</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(724) 816-7386</b>		
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    Day    Year <b>12 / 13 / 2022</b> THROUGH <b>1 / 15 / 2023</b>		
11 ELECTION	ELECTION DATE Month    Day    Year /    /	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) <b>Council Member, District 1</b>	13 OFFICE SOUGHT (if known)	
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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

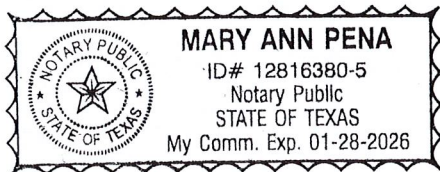
**GO TO PAGE 2**

# 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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6400 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8178 <sup>95</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3874.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



*Everett A. Roy*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Everett A. Roy this the 3rd day of January, 2023, to certify which, witness my hand and seal of office.

Mary Ann Peña Signature of officer administering oath  
Mary Ann Peña Printed name 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 <b>Everett Ray</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6400 <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250 <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8178 <sup>95</sup>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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: <b>1 of 4</b>
2 FILER NAME <b>Everett Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-2</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ludi Zuniga</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2118 Harriett Dr, Corpus Christi TX 78416</b>		
8 Principal occupation / Job title (See Instructions) <b>Sales</b>		9 Employer (See Instructions)
Date <b>12-2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vic Nazari mvr Construction</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4105 Royale Creek, Corpus Christi TX 78411</b>		
Principal occupation / Job title (See Instructions) <b>builder</b>		Employer (See Instructions)
Date <b>12-5</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Minnich</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3310 Oakwell Ct # 20203 San Antonio TX 78218</b>		
Principal occupation / Job title (See Instructions) <b>Designer</b>		Employer (See Instructions)
Date <b>12-6</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenny Polk</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4102 Tuscan Way, Corpus Christi TX 78410</b>		
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.

# 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: <b>2 of 4</b>
2 FILER NAME <b>Everett Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-6</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hugo Berlanga</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>28 Hewitt Pr, Corpus Christi TX 78404</b>		
8 Principal occupation / Job title (See Instructions) <b>self employed</b>		9 Employer (See Instructions)
Date <b>12-6</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wayne Squaires</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3642 Aransas St, Corpus Christi TX 78411</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12-5</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Peeler</b>	Amount of contribution (\$) <b>\$ 300<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>11649 Leopard St #3 Corpus Christi TX 78410</b>		
Principal occupation / Job title (See Instructions) <b>Cattle Co.</b>		Employer (See Instructions)
Date <b>12-6</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laurence Valls</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5717 Lago Vista, Corpus Christi TX 78414</b>		
Principal occupation / Job title (See Instructions) <b>self employed</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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: <b>3 of 4</b>
2 FILER NAME <b>Everett Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-6</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard R. Walls</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Po Box 2505, Corpus Christi TX 78403</b>		
8 Principal occupation / Job title (See Instructions) <b>Self employed</b>		9 Employer (See Instructions)
Date <b>12-9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>K &amp; M Premier Real Estate</b>	Amount of contribution (\$) <b>\$ 350<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>31 E. Bar Le Doc, Corpus Christi TX 78414</b>		
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions)
Date <b>12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Weeks</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>225 Ohio Ave, Corpus Christi TX 78404</b>		
Principal occupation / Job title (See Instructions) <b>Construction</b>		Employer (See Instructions)
Date <b>12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Duvill</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>615 South Upper Broadway, Corpus Christi TX 78401</b>		
Principal occupation / Job title (See Instructions) <b>self employed</b>		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.

# 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: <b>4 of 4</b>
2 FILER NAME <b>Everett Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/15/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NuStar PAC</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>Po Box 781609, San Antonio TX 78278</b>		
8 Principal occupation / Job title (See Instructions) <b>Dil Services</b>		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

# 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: <b>1 of 1</b>	
2 FILER NAME <b>Everett Ray</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>12-3-22</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jay and Connie Wise</b>	8 Amount of Contribution \$ <b>\$250.00</b>	9 In-kind contribution description <b>Advertising</b>
7 Contributor address; City; State; Zip Code <b>PO Box 1604 Corpus Christi TX 78403</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Financial Services</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Merrill Lynch</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>Managing partner</b>	
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#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			



Everett Roy Schedule F1

Expenses	Amount	Date	Category/Purpose	Address
Campaign Services LLC	\$ 1,125.00	12/5/2022	Phone Banking	6814 Riverside Dr, Austin, TX 78741
Campaign Services LLC	\$ 3,500.00	12/7/2022	Mailer runoff	6814 Riverside Dr, Austin, TX 78741
Tractor Supply	\$ 25.93	11/23/2022	sign post	2917 Hwy 77, I-69 , Corprus Christi, TX 78410
Facebook META	\$ 454.02	12/12/2022	Advertising	1 Hacker Way, Menlo, CA, 94025
Gloria Benavides	\$ 1,200.00	12/5/2022	Marketing	10717 Leopard St, Corprus Christi, TX 78410
Sonic	\$ 8.52	12/6/2022	Breakfast Campaign Volunteers	13913 Northwest Blvd. Corprus Christi, TX 78410
Schlotszky's	\$ 10.16	12/7/2022	Lunch Campaign Volunteers	11326 Leopard Street, Corpus Christi, TX 78410
Gloria Benavides	\$ 1,250.00	12/9/2022	Marketing, Advertising	10717 Leopard St, Corpus Christi, TX 78410
HEB	\$ 144.88	12/19/2022	Lunch Campaign Volunteers	11100 leopard St, Corpus Christi, TX 78410
Walmart	\$ 83.14	12/19/2022	Siupples	3829 US-77, CC, TX 78420
Office Depot	\$ 30.30	12/20/2022	Supplies	5425 South Padre, Corpus Christi TX 78411
Anedot	\$ 72.00	1/3/2023	Service fee	5555 Hilton Ave, Baton Rouge, LA 70808
Inspiring Social	\$ 275.00	1/3/2023	Social Media	13842 Exchequer Dr., Corpus Christi, TX 78410
TOTAL	\$ 8,178.95			

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>See Attachment</i>	<b>2</b> FILER NAME <i>Everett Ray</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code
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<b>8</b> <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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<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
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