

# 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:

8

3 CANDIDATE / OFFICEHOLDER NAME  
MS / MRS / MR FIRST MI  
Everett A  
NICKNAME LAST SUFFIX  
Roy

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
14626 Red River Drive  
Corpus Christi, TX 78410  
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
(361) 443-9173

6 CAMPAIGN TREASURER NAME  
MS / MRS / MR FIRST MI  
Robin  
NICKNAME LAST SUFFIX  
Ritchey-Roy

7 CAMPAIGN TREASURER ADDRESS  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
14626 Red River Drive Corpus Christi TX 78410  
(Residence or Business)

8 CAMPAIGN TREASURER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
(724) 816-7368

9 REPORT TYPE  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED  
Month Day Year Month Day Year  
10 / 5 / 24 THROUGH 10 / 25 / 24

11 ELECTION  
ELECTION DATE: Month Day Year 11 / 5 / 24  
ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

12 OFFICE OFFICE HELD (if any) City Council member, Dist 1  
13 OFFICE SOUGHT (if known) City Council member District 1

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:  GENERAL  SPECIFIC  
COMMITTEE NAME: Coastal Bend Coalition  
COMMITTEE ADDRESS: 3636 Alameda, Ste B#220, Corpus Christi TX 78411  
COMMITTEE CAMPAIGN TREASURER NAME: Olga Kwach, CPA  
COMMITTEE CAMPAIGN TREASURER ADDRESS: Pm B 281, 14493 S. Padre Island Dr, Corpus Christi TX 78418

OFFICE USE ONLY  
Date Received  
Date Filed 10/28/24  
Rebecca Huerta  
City Secretary  
Date Hand-Delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed  
Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Everett Roy</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>13,150</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>8,311.49</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>25,933.16</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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 Roy*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Everett Roy this the 28 day of October, 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\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

19 FILER NAME <i>Everett Roy</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>13,150</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>8311.49</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# 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: 3
2 FILER NAME Everett Roy		3 Filer ID (Ethics Commission Filers)
4 Date 10-16-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royce Cameron 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 10-9-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Professional Fire Fighters Contributor address; City; State; Zip Code [REDACTED] Corpus Christi TX 78415	Amount of contribution (\$) \$4000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-17-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus Christi Police Officers Assoc Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78408	Amount of contribution (\$) \$3000.00
Principal occupation / Job title (See Instructions) Police Assoc.		Employer (See Instructions)
Date 10/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Area Builders PAC Contributor address; City; State; Zip Code [REDACTED] Corpus Christi TX 78414	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Builders		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:
2 FILER NAME <b>Everett Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-9-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nicholas Rhodes</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
6 Contributor address: City: State: Zip Code [Redacted] <b>McAllen TX 78501</b>		
8 Principal occupation / Job title (See Instructions) <b>Self employed</b>		9 Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trepac - Texas Realtors</b>	Amount of contribution (\$) <b>\$ 2,500<sup>00</sup></b>
Contributor address: City: State: Zip Code [Redacted] <b>Austin TX 78768</b>		
Principal occupation / Job title (See Instructions) <b>Realtors</b>		Employer (See Instructions)
Date <b>10-14-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roger Tennapel</b>	Amount of contribution (\$) <b>\$ 1000<sup>00</sup></b>
Contributor address: City: State: Zip Code [Redacted] <b>Corpus Christi TX 78414</b>		
Principal occupation / Job title (See Instructions) <b>refinery</b>		Employer (See Instructions)
Date <b>10-7-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clif and Char Atrip</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
Contributor address: City: State: Zip Code [Redacted] <b>Corpus Christi Texas 78412</b>		
Principal occupation / Job title (See Instructions) <b>Realtors</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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>10/16/24</i> <i>Jonathan Gonzalez</i>	7 Amount of contribution (\$) <i>\$150.00</i>
	6 Contributor address; City; State; Zip Code <i>[Redacted], Corpus Christi TX 78413</i>	
8 Principal occupation / Job title (See Instructions) <i>Self employed</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>10/15/24</i> <i>Ali Rajabi</i>	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted], San Antonio TX 78257</i>	
Principal occupation / Job title (See Instructions) <i>Developer</i>		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.

# 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: <i>See Attached</i>	<b>2</b> FILER NAME <i>Everett Roy</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
	<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Everett Roy Schedule F1

Expenses	Amount	Date	Category/Purpose	Address
Calallen Mini Storage	\$ 160.00	10/26/2024	Monthly fee sign & pole storage	4233 FM624, Robstown, TX
Inspiring Social Media	\$ 200.00	10/25/2024	Social Media Management	13842 Exchequer DR, Corpus Christi, TX 78410
Stillwater	\$ 500.00	10/23/2024	Marketing, Advertising,	1015 N. School St, Boerne, TX 78006
Grunwald Printing	\$ 3,476.24	10/21/2024	Printing	1418 Morgan Eve, Corpus Christi, TX 78404
Jaime Rivas	\$ 600.00	10/21/2024	Signs, Marketing	11501 Wildwood Creek, Corpus Christi, TX 78410
Grunwald Printing	\$ 2,100.39	10/21/2024	Printing	1418 Morgan Eve, Corpus Christi, TX 78404
Social Media by RLR	\$ 500.00	10/22/2024	Marketing, Advertising,	304 S. Vista Dr, Sandia , TX 78383
Baldemer Benavides	\$ 500.00	10/16/2024	T shirts TM ISD	9840 Leopard St, Corpus Christi TX 78410
Tractor Supply	\$ 109.20	10/12/2024	Sign poles and ties	2917 Hwy 77, Corpus Christi, TX 78410
Hesters	\$ 28.09	10/24/2024	lunch meeting	1714 Alameda, Corpus Christi, TX 78404
Anedot	\$ 145.19	10/20/2024	Service Fee	1340 Poydras St #1770, New Orleans, LA, 70112
<b>TOTAL</b>	<b>\$ 8,319.11</b>			