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: Ms. | FIRST: Merida | MI: M

NICKNAME: May | LAST: Mendoza | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 15888 Punta Espada Loop | APT / SUITE #: | CITY: Corpus Christi | STATE: TX | ZIP CODE: 78418

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 774-6640 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST: Stephanie | MI:

NICKNAME: | LAST: Roberts | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 14014 Hawksnest Bay Drive | APT / SUITE #: | CITY: Corpus Christi | STATE: TX | ZIP CODE: 78418

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) | PHONE NUMBER: 222-1640 | EXTENSION:

OFFICE USE ONLY

Date Received:

Date Filed: 10-27-26

Rebecca Huerta for City Secretary

Date Hand-delivered or Date Postmarked:

Receipt # | Amount $

Date Processed:

Date Imaged:

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: 09 / 25 / 2026 THROUGH 10 / 24 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 2026

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (If any):

13 OFFICE SOUGHT (If known): Corpus Christi City Council - At Large

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

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)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 18,450.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 7,623.84
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 14,186.31
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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.

Merida May Mendoza
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Merida May Mendoza, and my date of birth is [redacted].

My address is 15888 Punta Espada Loop, Corpus Christi, TX 78418 United States
(street) (city) (state) (zip code) (country)

Executed in Nueces County, State of Texas, on the 26th day of October (month), 2026 (year).

Merida May Mendoza
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Ms. Merida M. Mendoza	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 18,450.00
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 750.00
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE E: LOANS	$
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 7,623.84
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: 1 of 4

2 FILER NAME: Ms. Merida M Mendoza

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
09/30/2026	Roland Medina	$200.00
	6 Contributor address: [redacted] City: Corpus Christi State: TX Zip Code: 78418	
8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
09/30/2026	Louise Mendoza	$150.00
	Contributor address: [redacted] City: CC State: TX Zip Code: 78418	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
09/30/2026	Jan & Randy Sijansky	$100.00
	Contributor address: [redacted] City: Corpus Christi State: TX Zip Code: 78404	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/02/2026	Leah Pagan Olivarri	$1,000.00
	Contributor address: [redacted] City: Corpus Christi State: TX Zip Code: 78413	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

****SEE ATTACHED ONLINE DONATIONS SHEET TOTALING: $9,500
& PAGES 2 & 3 OF SCHEDULE A1

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 of 4

2 FILER NAME: Ms. Merida M Mendoza

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/02/2026	Sonia & John Longoria	[redacted] Corpus Christi, TX 78404	$1,000.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/08/2026	Alex & Polly Harris	[redacted] Corpus Christi, TX 78413	$150.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/08/2026	Raymond Gignac	[redacted] Corpus Christi, TX 78469	$300.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/08/2026	Al Jones	[redacted] Corpus Christi, TX 78411	$1,000.00
	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: 3 of 4

2 FILER NAME: Ms. Merida M Mendoza

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/08/2026	Corpus Christi Police Officers Association	[redacted] Corpus Christi, TX 78466	$1,000.00

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 ($)
10/08/2026	Corpus Christi fire Fighters Association	[redacted] Corpus Christi, TX 78414	$2,000.00

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 ($)
10/14/2026	Bobby Gough	[redacted] Corpus Christi, TX 78413	$800.00

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 ($)
10/14/2026	Scott Blair	[redacted] Austin, TX 78740	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of Contributor	Contributor address: City: State: Zip Code	Amount of contribution ($)
10/19/2026	Barton H Braselton	[redacted] Corpus Christi, TX 78413	$250.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

ONLINE DONATIONS:

Donation Date	Donation Amount	First Name	Last Name	Address Line 1	Address Line 2	City	State	Zip
2026-10-25	$300.00	Joe P	Fulton	[redacted]		Corpus Christi	TX	78403
2026-10-23	$250.00	Cindy	Barrera			Corpus Christi	TX	78414
2026-10-21	$250.00	Stephen	Carrigan			Corpus Christi	TX	78401
2026-10-21	$250.00	Christopher	Clark			Corpus Christi	TX	78408
2026-10-20	$500.00	Chase	Carlisle			Corpus Christi	TX	78412
2026-10-12	$1,000.00	David	Loeb			Corpus Christi	TX	78411
2026-10-08	$250.00	Michelle	Nichols			Corpus Christi	TX	78418
2026-10-07	$500.00	Sean	Rodriguez			Corpus Christi	TX	78411
2026-10-07	$500.00	Derwood	Anderson			Corpus Christi	TX	78403
2026-10-07	$1,000.00	phillip	skrobarczyk			corpus christi	TX	78404
2026-10-07	$500.00	John	Bell			Corpus Christi	TX	78418
2026-10-06	$250.00	David Herrmann	Herrmann			San Antonio	TX	78213
2026-10-05	$250.00	Paul	Fritsch			Houston	TX	77059
2026-10-03	$200.00	John	Pierce			Corpus Christi	TX	78412
2026-10-02	$3,000.00	Robert	Parker			Corpus Christi	TX	78469
2026-10-01	$500.00	Rolando	G Barrera			CORPUS CHRIS	TX	78413

$9,500.00 - TOTAL ONLINE DONATIONS

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: 1
2 FILER NAME Ms. Merida M Mendoza	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10/18/2026	Ted Cohen	$250.00	Marketing Material
	7 Contributor address; City; State; Zip Code [redacted] Corpus Christi, TX 78412	☐ 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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
10/16/2026	Melody Cooper	$500.00	Fundraiser Party
	Contributor address; City; State; Zip Code [redacted] Corpus Christi, TX 78413	☐ 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)	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 5	Ms. Merida M Mendoza	

4 Date	5 Payee name
10/02/2026	Jonathan Carmony

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$100.00	14000 S Padre Island Drive,	Corpus Christi,		TX 78418

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Salaries/Wages/Contract Labor	Music & Sign Holding

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name
10/13/2026	Padre Island Business Assn

Amount ($)	Payee address;	City;	State;	Zip Code
$405.00	14493 SPID,	Corpus Christi,	TX	78418

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Advertising

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name
10/15/2026	CC Northwest Business Assn

Amount ($)	Payee address;	City;	State;	Zip Code
$34.00	3838 IH 69	Corpus Christi, TX		78380

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Food/Beverage Expense	Candidate Forum - Food Expense

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2 of 5	Ms. Merida M Mendoza	

4 Date	5 Payee name
10/19/2026	Bill Miller Bar B Q

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$13.26	4946 Ayers St	Corpus Christi,	TX	78404

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Food & Beverage Expense	Food for Volunteers

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Date	Payee name
10/19/2026	HEB

Amount ($)	Payee address;	City;	State;	Zip Code
$8.08	4444 Kostoryz Road,	Corpus Christi,	TX	78404

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Food & Beverage Expense	Drinks & Snacks for Volunteers

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Date	Payee name
10/18/2026	El Mariachi Restaurant

Amount ($)	Payee address;	City;	State;	Zip Code
$17.69	2110 Laredo Street	Corpus Christi,	TX	78405

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Food & Beverage Expense	Lunch Meeting with Pro-Life Group

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3 of 5	Ms. Merida M Mendoza	

4 Date	5 Payee name
10/17/2026	Railroad Seafood

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$12.82	15701 Northwest Boulevard,	Corpus Christi,	TX	78380

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Food/Beverage Expense	Meet & Greet Food Expense

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/18/2026	Walmart

Amount ($)	Payee address;	City;	State;	Zip Code
$16.54	1821 SPID	Corpus Christi,	TX	78416

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Zip Ties for Signs

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/19/2026	Whataburger

Amount ($)	Payee address;	City;	State;	Zip Code
$31.36	14301 SPID	Corpus Christi,	TX	78418

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Food/Beverage Expense	Food for Volunteers at Polling Stations

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 of 5	Ms. Merida M Mendoza	

4 Date	5 Payee name
10/19/2026	HEB

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$54.82	3500 Leopard Street	Corpus Christi,	TX	78408

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) Description: Waters/Sodas/Snacks for Volunteers

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name
10/20/2026	Subway

Amount ($)	Payee address;	City;	State;	Zip Code
$26.69	14225 SPID	Corpus Christi,	TX	78418

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food/Beverage Expense

Description: Food for Volunteers at Polls

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name
10/21/2026	Alis Cafe

Amount ($)	Payee address;	City;	State;	Zip Code
$18.78	2929 Norton Street	Corpus Christi,	TX	78415

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food/Beverage Expense

Description: Food for Volunteers at Polls

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
5 of 5	Ms. Merida M Mendoza			

4 Date	5 Payee name			
10/23/2026	KBK Strategies			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
$1,500.00	1505 Woodward Ave 8th Floor	Detroit	MI	48226

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Digital Advertising

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name			
10/21/2026	Coastal Media			
Amount ($)	Payee address;	City;	State;	Zip Code
$5,000.00	7405 Lake Superior	Corpus Christi	TX	78413

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Mktg Material: Signs, Pushcards, Bus. Cards, etc

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name			
10/24/2026	Anedot Payouts			
Amount ($)	Payee address;	City;	State;	Zip Code
$384.80	3723 Greenville Avenue, Suite 41002	Dallas	TX	75206

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Accounting/Banking	Online Contributions Processing Fees

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED