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: 11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs.
FIRST: Merida
MI: A
NICKNAME:
LAST: Forrest
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7114 Grape Arbor Dr.
Corpus Christi, TX 78414

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361)
PHONE NUMBER: 249 - 8579
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.
FIRST: Brianna
MI:
NICKNAME:
LAST: Salinas - Davis
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2630 Segrest St. Corpus Christi TX 78405

8 CAMPAIGN TREASURER PHONE

AREA CODE: (281)
PHONE NUMBER: 744 - 5060
EXTENSION:

OFFICE USE ONLY

Date Received

Date Filed 10.26.26

RHuerta

Rebecca Huerta

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: 9 / 25 / 26 THROUGH 10 / 24 / 26

11 ELECTION

ELECTION DATE
Month / Day / Year: 11 / 3 / 26

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known)
Corpus Christi City Council District 5

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

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)
Merida A. Forrest	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 50.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5,419.22
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 7,346.98
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,108.05
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,500.00

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 A. Forrest
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

MARIAH H RESENDEZ
Notary Public, State of Texas
My Commission Expires
April 14, 2030
NOTARY ID 133689757

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Merida Forrest this the 26th day of October, 2026, 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
	Mariah Resendez	Notary Public

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 _____ (month), 20_____ (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)
Merida A. Forrest	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4,619.22
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 750.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	■	SCHEDULE E: LOANS	$ 3,000.00
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 7,346.98
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

2 FILER NAME
Merida A. Forrest

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#:_____)
(see itemized list)

6 Contributor address; City; State; Zip Code

7 Amount of contribution ($)

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.

Merida Gonzalez Forrest Campaign

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

Date	Name	Amount	Address	City	ST	ZIP	Occupation/Job Title	Employer
9/25/2026	Solomon Ortiz	$ 50.00	[redacted]	Corpus Christi	TX	78401	Owner	Thunderbird FWS
9/27/2026	Hugo Berlanga	$ 500.00		Corpus Christi	TX	78404	Consultant Govermental Affairs	Self Employed
10/1/2026	Baldemar Covarrubias MD	$ 250.00		corpus christi	TX	78414	Physician	Conviva
10/3/2026	Victoria Rogers	$ 500.00		Corpus Christi	TX	78418	Realtor	CCRG
10/5/2026	Margaret Duran	$ 100.00		Corpus Christi	TX	78413	Retired Medical Administrator	Retired
10/5/2026	Rosie Hicks	$ 100.00		Corpus Christi	TX	78413	Retired	Retired
10/7/2026	Joanna Ives	$ 31.95		Houston	TX	77095	RN Case Manager	Houston Methodist
10/7/2026	Jonathan Garcia	$ 80.00		Pflugerville	TX	78660	Recruiting	Meta
10/9/2026	Heather Forrest	$ 21.41		Minneapolis	MN	55419	Staff Attorney	Gregory A. Burrell Chapter 13 Trustee
10/11/2026	Solomon Ortiz	$ 50.00		Corpus Christi	TX	78401	Owner	Thunderbird FWS
10/12/2026	Erick Engen	$ 50.00		Corpus Christi	TX	78403	Disaster Assistance	Dept of Homeland Security
10/16/2026	Marilena Garza	$ 200.00		Corpus Christi	TX	78404	Massage Therapist	Coastal Bend Day Spa
10/16/2026	IBEW PAC Voluntary Fund	$1,000.00		Washington	D.C.	20001		
10/19/2026	Richard Gilley	$ 10.86		Corpus Christi	TX	78413	Owner	Thunderbird
10/21/2026	Billy Forrest	$ 100.00		Buda	TX	78610	Retired	Retired
10/21/2026	Corpus Christi AFT C.O.P.E.	$ 250.00		Corpus Christi	TX	78411		
10/21/2026	Solomon Ortiz	$ 25.00		Corpus Christi	TX	78401	Owner	Thunderbird FWS
10/21/2026	Barbara Canales	$ 300.00		Corpus Christi	TX	78404	Attorney	Self
10/22/2026	Shan Butt	$1,000.00		Corpus Christi	TX	78414	Business Owner	Self Employed
		$4,619.22						

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: 2
2 FILER NAME Merida A. Forrest	**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#:_____) (see itemized list) **7** Contributor address; City; State; Zip Code	**8** Amount of Contribution $	**9** In-kind contribution description 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#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description 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.

Merida Gonzalez Forrest Campaign

SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

Date	Name	Amount	Address	City	ST	ZIP	Description
10/21/2026	Nueces County Democratic Party	$ 500.00	[redacted]	Corpus Christi	TX	78412	Political Advertising
10/22/2026	Jose Ramirez	$ 250.00		Corpus Christi	TX	78401	Political Advertising
		$ 750.00					

LOANS

SCHEDULE E

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 E: 2

2 FILER NAME
Merida A. Forrest

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:_____)
(see itemized list)

9 Loan Amount ($)

6 Is lender a financial Institution?
☐ Y ☐ N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#:_____)

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Merida Gonzalez Forrest Campaign

SCHEDULE E: LOANS

Date	Name	Amount	Interest rate	Address	City	ST	ZIP	
10/1/2026	Merida A. Forrest	$3,000.00	0%	7114 Grape Arbor Dr.	Corpus Christi	TX		78414
		$3,000.00						

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
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	Merida A. Forrest	

4 Date

5 Payee name
(see itemized list)

6 Amount ($)

7 Payee address; City; State; Zip Code

Check if individual's residence address.

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

---

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

Check if individual's residence address.

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

---

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

Check if individual's residence address.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Merida Gonzalez Forrest Campaign

SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Date	Payee Name	Amount	Address	City	State	Zip Code	Category	Description
9/25/2026	ActBlue, LLC	$ 48.29	P.O. Box 441146	Somerville	MA	02144	Solicitation/Fundraising Expense	ActBlue platform fee for electronic donations for 9/25/26 - 10/24/26
9/25/2026	Stripe	$ 1.84	354 Oyster Point Blvd.	South San Francisco	CA	94080	Solicitation/Fundraising Expense	Stripe processing fee for electronic donations for 9/25/26 - 10/24/26
9/25/2026	DonorBox	$ 2.76	1520 Belle View Blvd. #4106	Alexandria	VA	22307	Solicitation/Fundraising Expense	DonorBox platform fee for electronic donations for 9/25/26 - 10/24/26
9/25/2026	Stripe	$ 1.89	354 Oyster Point Blvd.	South San Francisco	CA	94080	Solicitation/Fundraising Expense	Stripe processing fee for electronic donations for 9/25/26 - 10/24/26
10/5/2026	Zip Printing & Mailing, Inc.	$ 5,306.86	1237 S. Lincoln Ave. Ste C	Clearwater	FL	33756	Advertising Expense	Campaign mailers
10/13/2026	Zip Printing & Mailing, Inc.	$ 25.41	1237 S. Lincoln Ave. Ste C	Clearwater	FL	33756	Office Overhead/Rental Expense	Shipping costs for unused campaign mailers
10/13/2026	Zip Printing & Mailing, Inc.	$ 1,645.11	1237 S. Lincoln Ave. Ste C	Clearwater	FL	33756	Advertising Expense	Campaign mailers
10/16/2026	Zip Printing & Mailing, Inc.	$ 16.35	1237 S. Lincoln Ave. Ste C	Clearwater	FL	33756	Office Overhead/Rental Expense	Shipping costs for unused campaign mailers
10/21/2026	Scale to Win, Inc.	$ 282.07	13742 Harper St.	Santa Ana	CA	92703	Advertising Expense	Campaign texts
10/23/2026	USPS	$ 16.40	6742 Weber Rd.	Corpus Christi	TX	78413	Office Overhead	Stamps
		$ 7,346.98						