# 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:

**OFFICE USE ONLY**

Date Received

**Date Filed** 10-26-26

Rebecca Huerta
City Secretary

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3** CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Dr | FIRST: Kristina | MI:

NICKNAME | LAST: Nelson | SUFFIX

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: PO Box 18009, Corpus Christi, TX 78480

**5** CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: ( 361 ) | PHONE NUMBER: 239-2687 | EXTENSION:

**6** CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms | FIRST: Sophia | MI:

NICKNAME | LAST: Guillen | SUFFIX

**7** CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 14254 S. Padre Island Drive, Suite 111, Corpus Christi, TX 78418

**8** CAMPAIGN TREASURER PHONE

AREA CODE: ( 361 ) | PHONE NUMBER: 737-7441 | EXTENSION:

**9** REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ■ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ 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
- ■ General
- ☐ Runoff
- ☐ Special
- ☐ Other Description

**12** OFFICE

OFFICE HELD (if any):

**13** OFFICE SOUGHT (if known): City Council District 4

**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) |
|---|---|
| | |

| | | | |
|---|---|---|---|
| **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) | $ 1620.34 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | **4.** | **TOTAL POLITICAL EXPENDITURES** | $ 3712.38 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 35.58 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 4600.00 |

**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.

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 Dr. Kristina Nelson, and my date of birth is [redacted].

My address is PO Box 18009 (street), Corpus Christi (city), TX (state), 78480 (zip code), USA (country).

Executed in Nueces County, State of Texas, on the 26 day of October (month), 2026 (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) |
|---|---|
| Dr. Kristina Nelson | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 1620.34 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ■ SCHEDULE E: LOANS | $ 4600.00 |
| 5. | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 3712.38 |
| 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: **See Itemized**

**2** FILER NAME
Dr. Kristina Nelson

**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 ($) |
|---|---|---|
| **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.**

# 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** FILER NAME<br>Dr. Kristina Nelson | **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#:_____)<br>**7** Contributor address; City; State; Zip Code | **8** Amount of Contribution $ | **9** In-kind contribution description<br>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#:_____)<br>Contributor address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description<br>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<br>Dr. Kristina Nelson | **3** Filer ID (Ethics Commission Filers) |
| **4** Date | **5** Payee name<br>See Attached | |
| **6** Amount ($) | **7** Payee address; City; State; Zip Code | |
| **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 | |
| 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 | |
| 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**

**Itemized Contributions**

| Contributor | Address | City | State | Zip | Date | Amount |
|---|---|---|---|---|---|---|
| William Rickertsen | [redacted] | Corpus Christi | TX | 78418 | 9/25/26 | $ 527.47 |
| Daniel Johnston | | Corpus Christi | TX | 78418 | 10/2/26 | $ 175.62 |
| James Maddalone | | Corpus Christi | TX | 78418 | 10/4/26 | $ 105.75 |
| Jeffrey Walker | | Corpus Christi | TX | 78418 | 10/5/26 | $ 100.00 |
| Mike DiMarzo | | Corpus Christi | TX | 78418 | 10/15/26 | $ 100.00 |
| Daniel Johnston | | Corpus Christi | TX | 78418 | 10/17/26 | $ 105.75 |
| John Michael | | Corpus Christi | TX | 78418 | 10/21/26 | $ 200.00 |
| Stacy Hartsell | | Corpus Christi | TX | 78418 | 10/21/26 | $ 105.75 |
| Jeffrey Walker | | Corpus Christi | TX | 78418 | 10/22/26 | $ 100.00 |
| Annette Kitch | | Corpus Christi | TX | 78418 | 10/24/26 | $ 100.00 |

**Itemized Expenses**

| Vendor | Address | City | State | Zip | Date | Amount | Type |
|---|---|---|---|---|---|---|---|
| Walmart | 1250 Flour Bluff Dr | Corpus Christi | TX | 78418 | 7/27/26 | $ 49.71 | Meet & Greet Event Materials |
| Office Depot | 5425 S Padre Island Dr | Corpus Christi | TX | 78411 | 7/28/26 | $ 20.30 | Printing |
| Office Depot | 5425 S Padre Island Dr | Corpus Christi | TX | 78411 | 7/29/26 | $ 24.36 | Printing |
| Lowe's | 1530 Airline Rd | Corpus Christi | TX | 78412 | 7/29/26 | $ 153.28 | Signage Materials |
| Snoopy's | 13313 S Padre Island Dr | Corpus Christi | TX | 78418 | 7/30/26 | $ 290.47 | Meet & Greet Event Food |
| IBC Bank | 1317 Waldron Rd | Corpus Christi | TX | 78418 | 7/31/26 | $ 23.59 | Analysis Charge |
| M&G Building Materials | 7406 S Padre Island Dr | Corpus Christi | TX | 78412 | 8/18/26 | $ 366.96 | Signage Materials |
| Lowe's | 1530 Airline Rd | Corpus Christi | TX | 78412 | 8/19/26 | $ 94.96 | Signage Materials |
| ADS Marketing | 3522 S Alameda | Corpus Christi | TX | 78411 | 8/28/26 | $ 1,867.30 | Signs |
| IBC Bank | 1317 Waldron Rd | Corpus Christi | TX | 78418 | 8/31/26 | $ 24.58 | Analysis Charge |
| IBC Bank | 1317 Waldron Rd | Corpus Christi | TX | 78418 | 9/30/26 | $ 22.88 | Analysis Charge |
| Signs2Go | 304 E Pecan Blvd | McAllen | TX | 78501 | 10/13/26 | $ 773.99 | Signs |