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: 7

OFFICE USE ONLY

Date Received

Date Filed 10-26-26

RHuerta

Date Hand-Delivered or Date Postmarked

Rebecca Huerta City Secretary

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: Isabel | MI:

NICKNAME: | LAST: Araiza | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 326 Poenisch Dr. | APT / SUITE #: | CITY: Corpus Christi, | STATE: TX | ZIP CODE: 78412

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 779-3927 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Sylvia | MI:

NICKNAME: | LAST: Campos | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 4410 Fir St, | APT / SUITE #: | CITY: Corpus Christi, | STATE: TX | ZIP CODE: 78411

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) | PHONE NUMBER: 687-7259 | EXTENSION:

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 / 25 / 26

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 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 2

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 Isabel Araiza			**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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1693.31
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 380.42
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,797.26

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.

Isabel Araiza

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
PATRICIA GALVAN
ID# 13434633-1
Notary Public
STATE OF TEXAS
My Comm. Exp. 05-08-2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Isabel Araiza this the 26th day of October, 20 25, to certify which, witness my hand and seal of office.

Patricia Galvan

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	20 Filer ID (Ethics Commission Filers)
ISABEL ARAIZA	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,693.31
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 380.42
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 (including this one)

2 FILER NAME: Isabel Araiza

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 ($)
		See attached for full list of contributions

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.

Date	Name	Address	City	TX	Zip	Amount
09.25.26	Chissa Yearwood	[redacted]	CC	TX	78418	$ 211.18
09.25.26	Jose and Margaret Duran		CC	TX	78413	$ 100.00
10.01.26	Sarita Salvide		CC	TX	78404	$ 100.00
10.02.26	Sam Bernhard		Huntington	NY	11743	$ 3.60
10.03.26	Alexandra Flucke		Corpus Christi	TX	78412	$ 100.00
10.07.26	Tara Anders		CC	TX	78412	$ 200.00
10.07.26	Diana Tang		Sugarland	TX	77479	$ 25.00
10.08.26	Kenneth V. Rosier		CC	TX	78404	$ 100.00
10.08.26	Dora Wilburn		cc	TX	78415	$ 50.00
10.08.26	Alicia Hoover		CC	TX	78411	$ 100.00
10.09.26	Randy Thompson		Dunedin	FL	34698	$ 101.53
10.12.26	Victoria Cano		Houston	TX	77092	$ 50.00
10.12.26	Jennifer Wiebrand		Austin	TX	78731	$ 50.00
10.24.26	Sarah Reed		Brooklyn	NY	11218	$ 2.00
10.25.26	Oona Coy		Northhampton	MA	1060	$ 500.00
						$ 1,693.31

SCHEDULE A1
Monetary Political Contributions

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 (including this one)	2 FILER NAME Isabel Araiza	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount ($) → see attached for full list	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

Date	Name	Place	Address	City	State	Zipcode	Expenditure Ca	Description	Amount
09.25.26	Chisa Yearwood	Donorbox	1520 Belle View Blvd #4106	Alexandria	VA	22307	Fees	Donation Platform Fee	$12.65
09.28.26		HEB	4320 South Alameda	Corpus Christi	TX	78412	Food & Beverage	waters for blockwalking	$11.36
10.02.26	Sam Bernhardt	Stripe	354 Oyster Point Blvd	San Francisco	CA	94080	Fees	Platform Fee	$0.35
10.03.26	Alexandra Flucke	Stripe	354 Oyster Point Blvd	San Francisco	CA	94080	Fees	Platform Fee	$3.48
10.07.26	Jennifer Wiebrand	Stripe	354 Oyster Point Blvd	San Francisco	CA	94080	Fees	Platform Fee	$1.86
10.07.26	Diana Tang	Stripe	354 Oyster Point Blvd	San Francisco	CA	94080	Fees	Platform Fee	$0.27
10.09.26	Randy Thompson	Donorbox	1520 Belle View Blvd #4106	Alexandria	VA	22307	Fees	Donation Platform Fee	$6.24
10.12.26	Victoria Cano	Stripe	354 Oyster Point Blvd	San Francisco	CA	94080	Fees	Platform Fee	$1.86
10.15.26		HEB	4320 South Alameda	Corpus Christi	TX	78412	Food & Beverage	for a meet and greet	$18.05
10.15.26		La Michoacana	6337 SPID	Corpus Christi	TX	78412	Food & Beverage	for a meet and greet	$23.84
10.17.26	Tara Anders	Donorbox	1520 Belle View Blvd #4106	Alexandria	VA	22307	Fees	Donation Platform Fee	$12.00
10.23.26		Good Party	916 Silver Spur Road, Suite 310	Rolling Hills Estates	CA	90274	Advertising	texting	$90.79
10.23.26		Steve Garcia	2606 Montgomery	Corpus Christi	TX	78405	Contract Labor	putting up signs	$75.00
10.24.26	Sarah Reed	Stripe	354 Oyster Point Blvd	San Francisco	CA	94080	Fees	Platform Fee	$0.03
10.25.26	Oona Coy	Stripe	354 Oyster Point Blvd	San Francisco	CA	94080	Fees	Platform Fee	$5.25
10.25.26		Good Party	916 Silver Spur Road, Suite 310	Rolling Hills Estates	CA	90274	Advertising	texting	$117.39
									=
Total									$380.42

SCHEDULE F1
Political Expenditures made from Political Contributions