#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY OFFICEHOLDER Kristi Κ Mrs. NAME Date Received SUFFIX NICKNAME LAST FILED FOR RECORD Britt AT 3:30 PM STATE: ZIP CODE ADDRESS / PO BOX, APT / SUITE #: CITY: CANDIDATE / JUL 17 2023 P.O. Box 1473, Corpus Christi, TX 78403 **OFFICEHOLDER** MAILING **ADDRESS** KARA SANDS Change of Address DEPUTY EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (713)398-8760 **PHONE** Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN TREASURER Michael Mr. Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Hummell STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE: ZIP CODE 7 CAMPAIGN TREASURER 3914 Giants Dr., Corpus Christi, TX 78414 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 693-2909 *(* 361 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year Dav 10 PERIOD Month COVERED 30 23 6 1 23 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Description General Special 24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Nueces County District Attorney THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kristi K. Britt		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 14,460.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,039.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 4,459.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 5,499.77
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	r
	1 lease complete claim option below	•
(1) Affidavit		
(1) Amazen		
NOTARY STAMP/SEA	L	
Swom to and subscribed	before me by this the _	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is ns		PI
My address is $\mathcal{V}$ , $\mathcal{O}$ .	<b>\$</b>	X 78403 Naeces
Executed in NUCCS	(street) (city) (s County, State of Texas, on the 16 th day of July	state) (zip code) (country) , 20 <u>23</u> (year)
	Signature of Candid	late/Officeholder (Declarant)

#### **SUBTOTALS - C/OH**

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

19	FILER NAME 20 Filer ID (Ethic	cs Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$</b> 14,460.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 5,499.77
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,039.19
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	\$ 5,499.77
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	/ОН \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### SCHEDULE A1

	···		
The	Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: 7
2 FILER NAME Kristi K. B	ritt	3	Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	Michael McCutchon		Amount of contribution (\$)
	203 Jackson Pl., Corpus Christi, TX	( 78411	
8 Principal occur	pation / Job title (See Instructions) 9 E	mployer (See Instructions	)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
04/05/2023		te; Zip Code	1,500.00
Principal occup	eation / Job title (See Instructions)	mployer (See Instructions)	)
Date	Full name of contributor • out-of-state PAC (ID#:_ Rajan David Ahuja		Amount of contribution (\$)
04/19/2023		State; Zip Code <b>2,000</b> . Christi, TX 78401	
Principal occup	eation / Job title (See Instructions)	mployer (See Instructions	)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
04/25/2023	Susan Kesel  Contributor address: City; Sta  9046 River Birch Dr., Biloxi, MS 39	te; Zip Code	500.00
Principal occup	<u> </u>	mployer (See Instructions	)
	ATTACH ADDITIONAL COPIES OF TH		

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7
2 FILER NAME Kristi K. B	ritt		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:			7 Amount of contribution (\$)
04/24/2023	6 Contributor address; City; 800 N. Shoreline Blvd., Corpus Chris	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
04/24/2023	C.A. Winn  Contributor address; City;  800 N. Shoreline Blvd., Corpus Chris	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/24/2023	Contributor address: City: 800 N. Shoreline Blvd., Corpus Chris	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Chris Gale and Amie Augenstein	C (ID#:)	Amount of contribution (\$)
04/24/2023	Contributor address; City;	State; Zip Code	1,000.00
Principal occup	P.O. Box 2591, Corpus Christi,	TX 78403  Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instri	<del>-</del>	

#### SCHEDULE A1

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The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 7
<sup>2</sup> FILER NAME Kristi K. B	ritt			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Hailey Gonzalez	out-of-state PA	C (1D#:)	7 Amount of contribution (\$)
05/12/2023	6 Contributor address;	City;	State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Robert DeShazo	out-of-state PA	C (ID#:)	Amount of contribution (\$)
05/11/2023	Contributor address;	City;	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state PA	¢ (ID#:)	Amount of contribution (\$)
06/13/2023	Norm Baker  Contributor address:  14493 SPID #A321,	city; Corpus Cl	State; Zip Code hristi, TX 78418	200.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
06/02/2023	Henry Hansen  Contributor address;	City;	State; Zip Code	100.00
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITI		OF THIS SCHEDULE AS N	

#### SCHEDULE A1

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Kristi K. B	ritt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Jerry and Keely Hunsaker	PAC (ID#:)	7 Amount of contribution (\$)
06/11/2023	6 Contributor address; City; 4707 Everhart, No. 106, Corpus C	· •	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		PAC (ID#:	Amount of contribution (\$)
06/13/2023	Courtenay Berry		2 500 00
	Contributor address; City; 2757 Ocean Dr., Corpus Chris	State; Zip Code Sti, TX 78404	2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date		PAC (ID#:)	Amount of contribution (\$)
06/13/2023	Barbara Jernagan		20.00
	Contributor address; City; 13821 Topsail St., Corpus Ch	State: Zip Code Iristi, TX 78418	20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
06/13/2012	Charles and Janet Clark		050.00
00/10/2012	Contributor address; City;	State; Zip Code	250.00
	13702 Tajamar, Corpus Chris	ti, TX 78418	<del></del>
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL CODE	COSTUD COUEDIUS ACM	
	ATTACH ADDITIONAL COPIE: If contributor is out-of-state PAC, please see Ins		

#### 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: 7		
2 FILER NAME Kristi K. B	ritt	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:			
06/13/2023	6 Contributor address; City; State; Zip Coc 3832 Denver, Corpus Christi, TX 78411			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See	a Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	, since it is some set in (e)		
06/13/2023	Contributor address; City; State; Zip Co.  144 Ropes St., Corpus Christi, TX 78411	250.00		
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
06/13/2023	Charles and Cristal Breckendridge  Contributor address: City, State: Zip Coc  13706 Tajamar, Corpus Christi, TX 78418	1,500.00		
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
06/13/2023	Eleanor Rector  Contributor address; City; State; Zip Cod  4522 Hogan, Corpus Christi, TX 78413	20.00		
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU			

#### SCHEDULE A1

if the reques	ted information is not applicable, DO NOT		
The	Instruction Guide explains how to complete ti	his form.	1 Total pages Schedule A1: 7
<sup>2</sup> FILER NAME Kristi K. B	ritt		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Jennifer Hilliard		7 Amount of contribution (\$)	
06/13/2023	6 Contributor address: City: 904 Sandpiper, Inglesio	·	200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		PAC (ID#:)	Amount of contribution (\$)
06/13/2023	J. Daniel Hogan  Contributor address;  City;	State; Zip Code	100.00
	818 Oriole St., Corpus Christi	, TX 78418	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		PAC (ID#:)	Amount of contribution (\$)
06/13/2023	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		50.00
	Contributor address; City; 726 Oriole St., Corpus Christi	State: Zip Code , TX 78418	30.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
06/13/2023	Steve and Mary Gagnon		E0 00
00,10,2020	Contributor address; City: 15618 Cuttysark, Corpus Chr	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
1	ATTACH ADDITIONAL COPIE	- · · · · · · · · · · · · · · · · · · ·	

#### SCHEDULE A1

ii dio roquos			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7
2 FILER NAME Kristi K. B	ritt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Natalie Olsson	(ID#:)	7 Amount of contribution (\$)
06/13/2023	6 Contributor address; City; HOJEN Countributor address; City;	State: Zip Code	20.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
06/18/2023		State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
"			
	ATTACH ADDITIONAL COPIES O		

### LOANS SCHEDULE E

ii tiic requested	anomaton to not applicable, 20 110			
The	The Instruction Guide explains how to complete this form.			
2 FILER NAME	1.4.30	<u>-</u>	3 Filer ID (Ethics Commission Filers)	
Kristi K. Britt				
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender  ut-of-state i	PAC (ID#:)	9 Loan Amount (\$)	
06/30/2023	Kristi K. Britt		5,499.77	
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial Institution?	Corpus Christi, TX 78418		0.00	
Γ y ■ N	Corpus Official, TX 70-10		11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
Nueces Count	y Assistant District Attorney	Nueces County		
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)	
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)	
INFORMATION	••			
			1	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
	- Carro of private	/ / / / / / / / / / / / / / / / / / /		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Y   N				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Charle if paragraph fun	ds were deposited into political	
none		account (See Instruc		
GUARANTOR	Name of guarantor	<u> </u>	Amount Guaranteed (\$)	
INFORMATION				
	Guarantor address; City;	State; Zip Code	1	
	, , , , , , , , , , , , , , , , , , , ,			
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
1¢ 1-		HES OF THIS SCHEDULE AS NE		
11 18	nder is out-of-state PAC, please see In:	struction guide for additional re	porting requirements.	

#### 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

Event Expense Fees Food/Beverage Expense Grift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/05/2023	MK Visual Communications		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,501.86			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Yard signs	
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/08/2023	Gulf Coast Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
83.89	P.O. Box 9312, Corpus Christi, TX 78	3469	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Invitations	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		·
05/15/2023	Janet's Cakery		
Amount (\$)	Payee address;	City;	State; Zip Code
71.00	5880 Everhart Rd., Corpus Christi, TX	〈 78413	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Cake	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

#### 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

Event Expense Fees Food/Beverage Expense Git/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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	•	
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			-
05/22/2023	Outback Steakhouse			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
200.00	4221 SPID, Corpus Christi, TX 78411			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Campaign plar	nning	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	·		<del></del>
05/22/2023	Jesse Trevino			
Amount (\$)	Payee address;	City;	State;	Zip Code
200.00	Corpus Christi, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Photography		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/23/2023	MK Visual Communications			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift Expense	Scholarship co	ntestant	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, 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 S	SCHEDULE AS NEE	ĐED	

### 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/Poli ical Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Prin ing Expense Salaries/Wages/Contract Labor Solicita ion/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.

	THE MISSISSION SELECTION OF THE TOTAL OF THE			
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics	Commission Filers)
4 5	5 Payee name		··	
4 Date 05/04/0002	MK Visual Communications			
05/24/2023	MK Visual Communications			7:- 0-40
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	media content	,	
EN LIVET VIII	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			<u></u>
05/25/2023	MK Visual Communications			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	Corpus Christi, TX 78418			
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
n::0000F	Advertising Expense	advertising co	ntent creation	l .
PURPOSE OF	71475.435	,		
EXPENDITURE		<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/30/2023	Gulf Coast Graphics			<u></u>
Amount (\$)	Payee address;	City;	State;	Zip Code
38.97	P.O. Box 9312, Corpus Christi, TX 78	i469 		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Printed campa	ign materials	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

#### 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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		<u> </u>
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics	Commission Filers)
4 Date 05/30/2023	5 Payee name Texas Federation of Republican Wor	men		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
51.47				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Candidate Pro	ogram	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			-
05/30/2023	Instituto DeCultura Hispanica			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	Corpus Christi, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Award Expense	Scholarship F	und	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		- -	
06/01/2023	Hard Knocks			
Amount (\$)	Payee address;	City;	State;	Zip Code
36.13	Corpus Christi, TX 78418			_
•	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Event planning	3	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

#### 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/Opensel

Event Expense Fees Food/Beverage Expense Ciff/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement 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)

Credit Card Payment	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics	Commission Filers)
4 Date 06/05/2023	5 Payee name Gulf Coast Graphics			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
105.54	P.O. Box 9312, Corpus Christi, TX 78	8469		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	printed campaign materials		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/06/2023	Island Italian			
Amount (\$)	Payee address;	City;	State;	Zip Code
81.00	Corpus Christi, TX 78418			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Event planning	g	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			-
06/16/2023	David Kalagridis Foundation			
Amount (\$)	Payee address;	City;	State;	Zip Code
700.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Tournament sp	oonsor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	· · · · · ·

#### 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

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

Candidate/Officeholder/Politica	al 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.	
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
06/23/2023	MK Visual Communications		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
500.00	Corpus Christi, TX 78418		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting	campaign con	tent creation
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/28/2023	Corpus Christi Yacht Club		
Amount (\$)	Payee address;	City;	State; Zip Code
2,036.46	Corpus Christi, TX 78404		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fundraising	Fundraising e	vent
OF EXPENDITURE	-		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/29/2023	Vista Print		
Amount (\$)	Payee address;	City;	State; Zip Code
387.38			
<del></del>	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Printed campa	ign materials
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED

#### 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

Event Expense Fees Food/Beverage Expense Grift/Awards/Memorials Expense Legal Services Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Lebor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how to e	complete this form.	Onor Comor a casego	
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/03/2023	5 Payee name MK Visual Communications			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
888.50	Corpus Christi, TX 78418			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising	Campaign ma	iterials	
OF EXPENDITURE				<u> </u>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		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 Austi	in, 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 NE	EDED	

#### POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

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 now to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
	Kristi K. Britt			
4 Date	5 Payee name			
03/27/2023	GoDaddy			
6 Amount (\$) 896.77 Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising	Social Media		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/28/2023	United States Postal Service			
Amount (\$) 83.00  Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Rental Expense	Campaign PO	Box fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
03/14/2023	MK Visual Communications			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00  Reimbursement from   ✓ political contributions intended	Corpus Christi, TX 78418			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting	Media consulta	ation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Ornoenoloer/Point Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (eriter a category not asset above)
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Kristi K. Britt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/12/2023	Padre Island Business Association		
6 Amount (\$) 95.00	7 Payee address;	City;	State; Zip Code
Reimbursement from  political contributions  intended	14493 S. P. I. D., Suite A PMB	·	Christi, TX 78418
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Membership	
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Scomplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/15/2023	MK Visual Communications		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	Corpus Christi, TX 78418		
Reimbursement from  political contributions  intended			
PURDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting	media content	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/16/2023	Parrot Head Club		
Amount (\$) 25.00	Payee address;	City;	State; Zip Code
Z5.UU  Reimbursement from  ✓ political contributions intended	13710 Captain Kidd Dr., Cor	pus Christi, T	X 78418
21:20005	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising	Membership	
EXPENDITURE	ļ <del></del> '	1	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	n, 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 S	CHEDULE AS NEED	PED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagas/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.

Total pages Schedule G:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics	Commission Filers
Date	5 Payee name		·	
03/21/2023	MK Visual Communications			
i Amount (\$) 100.00 Reimbursement from political contributions intended	7 Payee address; Corpus Christi, TX 78418	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Photography		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	cpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/21/2023	Padre Island Business Association			
03/21/2023				Zin Codo
Amount (\$) 500.00  Reimbursement from political contributions intended	Payee address; 14493 S. P. I. D., Suite A PM	city; IB 313, Corpu	State; us Christi, TX	Zip Code
Amount (\$) 500.00 Reimbursement from political contributions intended  PURPOSE OF		-	<b>-</b> ,	•
Amount (\$) 500.00 Reimbursement from political contributions intended	14493 S. P. I. D., Suite A PM Category (See Categories listed at the top of this schedule) Advertising	IB 313, Corpu	<b>-</b> ,	( 78418
Amount (\$) 500.00 Reimbursement from political contributions intended  PURPOSE OF	14493 S. P. I. D., Suite A PM Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	IB 313, Corpu	us Christi, TX	( 78418
Amount (\$) 500.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct	14493 S. P. I. D., Suite A PM Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Sponsorship Check if Austi	us Christi, TX	<b>78418</b>
Amount (\$) 500.00 Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Complete Compl	14493 S. P. I. D., Suite A PM Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Sponsorship Check if Austi	us Christi, TX	<b>78418</b>
Amount (\$) 500.00 Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/	14493 S. P. I. D., Suite A PM Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH  Payee name The Women's Shelter of South Texas.	Description Sponsorship  Check if Austi Office sought  City;	us Christi, T	<b>78418</b>
Amount (\$) 500.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Complete O3/24/2023  Amount (\$)	14493 S. P. I. D., Suite A PM Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH  Payee name The Women's Shelter of South Texas.	Description Sponsorship  Check if Austi Office sought  City;	us Christi, T	C 78418  Expense Office held
Amount (\$) 500.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Complete O3/24/2023  Amount (\$) 1,500.00  Reimbursement from political contributions intended  PURPOSE OF	14493 S. P. I. D., Suite A PM Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH  Payee name The Women's Shelter of South Texas.	Description Sponsorship  Check if Austi Office sought  City;	us Christi, T	C 78418  Expense  Office held
Amount (\$) 500.00  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date  03/24/2023  Amount (\$) 1,500.00  Reimbursement from political contributions intended	14493 S. P. I. D., Suite A PM Category (See Categories listed at the top of this schedule) Advertising  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name OH  Payee name The Women's Shelter of South Texas. Payee address;  P.O. Box 3368, Corpus Christ Category (See Categories listed at the top of this schedule)	Description Sponsorship  Check if Austi Office sought  City; Sti, TX 78463  Description Sponsorship	us Christi, T	X 78418  Expense Office held  Zip Code

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Event Expense Fees Food/Beverage Expense Git/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G: 4	<sup>2</sup> FILER NAME Kristi K. Britt		3 Filer ID (Ethics (	Commission Filers)
4 Date 04/18/2023	5 Payee name Galvan Elementary PTA			
6 Amount (\$) 500.00  Reimbursement from political contributions intended	7 Payee address; 3126 Masterson Dr., Corpus Christi	City; i, TX 78415	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sponsorship		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
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
Reimbursement from political contributions Intended				
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	n, TX, officeholder living ex	pense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	)ED	

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mrs. Kristi K. NAME Date Received NICKNAME LAST SUFFIX FILED FOR RECORD Britt 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE ZIP CODE **OFFICEHOLDER** P.O. Box 1473, Corpus Christi, TX 78403 JAN 1 6 2024 **MAILING ADDRESS** KARA SANDS Change of Address CLERK, COUNTY COUPT, NUECES COUNTY, TEXA DEPUT 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Hand-delivered of Pate Postmarked EXTENSION **OFFICEHOLDER** (713 398-8760 **PHONE** Receipt # Amount \$ MS / MRS / MR CAMPAIGN FIRST MI **TREASURER** Mike Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Hummell STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE **TREASURER** 3914 Giants Dr., Corpus Christi, TX 78414 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE *(* 361 693-2909 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year **COVERED** 23 31 / 23 12 **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Other Description Runoff Month Day Year 5 General Special 24 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Nueces County District Attorney 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS 2024-0028

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kristi K. Britt		<b>16</b> File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONT PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$ 7,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPER	IDITURE.	\$ 2,279.41
	4. TOTAL POLITICAL EXPENDITURES		\$ 20,289.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	AINTAINED AS OF THE LAST DAY	\$ 1,318.72
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIOR		\$ 17,499.77
	wear, or affirm, under penalty of perjury, that the a		orrect and includes all information
req	uired to be reported by me under Title 15, Election C	$\wedge$ .	
		Kith C Shut	
		Signature of Candidate	or Officeholder
	Please complete e	ther option below:	
	•	•	
(1) Affidavit	KARLA C TREVINO Notary ID #134032544 My Commission Expires October 25, 2026		
NOTARY STAMP/SEAL		_	
Sworn to and subscribed	KI AM LANGE AND	this the 14th	_ day of January,
20 24 to certify of the Community of the	which, witness my hand and seal of office.  KANTA Chivinus Trev	no	Notary
Signature of officer administer	ing oath Printed name of officer admin	istering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration	on		
Mu mama ia			
		_, and my date of birth is	•
, addi 000 io	(street)	(city) (state)	(zip code) (country)
Executed in	County, State of, on th	,	, 20
		(month)	(year)
	-	Signature of Candidate/Office	ceholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	FILER NAME risti K. Britt	20 Filer ID (Ethics Con	nmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,500.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	125.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	■ SCHEDULE E: LOANS		\$	12,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	22,568.65
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 FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME Kristi K. Bri	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Angelica Masciale	7 Amount of contribution (\$)
07/06/2023	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	500.00
8 Principal occu	upation / Job title (See Instructions)  9	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Carol Kirkland	Amount of contribution (\$)
07/06/2023	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	250.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Lynn Allison	Amount of contribution (\$)
07/06/2023	Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	150.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)  Frank and Frances McNiff	Amount of contribution (\$)
07/11/2023	Contributor address; City; State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Principal occup	113 Naples Street , Corpus Christi, TX 78404  pation / Job title (See Instructions)  Employer (See Instructions)	ions)

#### SCHEDULE A1

Filer ID (Ethics Commission File Kristi K. Britt	Kristi K. Britt  4 Date 5 Full name of contributor Art Granados 07/11/2023 6 Contributor address; City: State: Zip Code 3334 Mavis, Corpus Christi, TX 78411  8 Principal occupation / Job title (See Instructions)  Date 07/11/2023  Full name of contributor Drake and Nancy Beauchamp Contributor address; City: State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 07/11/2023  Full name of contributor Drake and Nancy Beauchamp Contributor address; City: State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contributor Dr. John Mason  Contributor address: City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411	ion (\$)
Art Granados  Art Granados  6 Contributor address;  3334 Mavis, Corpus Christi, TX 78411  B Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  O7/111/2023  Principal occupation / Job title (See Instructions)  Date  Principal occupation / Job title (See Instructions)  Date  O7/111/2023  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Ontributor address;  City: State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Date  O7/11/2023  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Or. John Mason  Contributor address;  City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Or/11/2023  Contributor address;  City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Melanie Hauglum  Contributor address;  City: State: Zip Code 200.00  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address:  City: State: Zip Code 200.00  Amount of contribution (\$)	Art Granados  6 Contributor address; City: State: Zip Code 3334 Mavis, Corpus Christi, TX 78411  8 Principal occupation / Job title (See Instructions)  Date 07/11/2023  Full name of contributor Drake and Nancy Beauchamp Contributor address: City: State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contributor 250  Amount of contributor 250  Amount of contributor Drake and Nancy Beauchamp Contributor address: City: State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contributor Dr. John Mason Contributor address: City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411	ion (\$)
State   Zip Code   3334 Mavis, Corpus Christi, TX 78411   250.00   3334 Mavis, Corpus Christi, TX 78411   250.00   3334 Mavis, Corpus Christi, TX 78411   9   Employer (See Instructions)   9   Employer (See Instructions)   250.00   250.	3334 Mavis, Corpus Christi, TX 78411  B Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Drake and Nancy Beauchamp  Contributor address; City: State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contributor  250  250  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contributor  Dr. John Mason  Contributor address; City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411	ion (\$)
Date Drake and Nancy Beauchamp  Contributor address: City: State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Date Dr. John Mason  Contributor address: City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Dr. John Mason  Contributor address: City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address: City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Melanie Hauglum  Contributor address: City: State: Zip Code 202 Wilshire Place, Corpus Christi, TX 78411	Date D7/11/2023  Full name of contributor Drake and Nancy Beauchamp  Contributor address; City: State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Dr. John Mason  Contributor address; City: State: Zip Code O7/11/2023  Amount of contribution  Employer (See Instructions)  Amount of contribution  Contributor out-of-state PAC (ID#:	
Drake and Nancy Beauchamp  Contributor address; City; State; Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Date Dr. John Mason  Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  200.0(  Dr. John Mason  Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Melanie Hauglum  Contributor address; City; State; Zip Code 202 Wilshire Place, Corpus Christi, TX 78411	Drake and Nancy Beauchamp  Contributor address; City; State; Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  Or/11/2023  Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411	
Contributor address; City; State: Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address: City; State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address: City: State: Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Melanie Hauglum  Contributor address: City: State: Zip Code 202 Wilshire Place, Corpus Christi, TX 78411	Contributor address; City; State; Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Dr. John Mason  Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  250  Amount of contribution 250  Amount of contribution 250  Amount of contribution 260  Amount of contribution 260  Amount of contribution 260  Amount of contribution 260	00
Contributor address;   City;   State;   Zip Code   1901 Ocean Drive, Corpus Christi, TX 78404	Contributor address; City; State; Zip Code 1901 Ocean Drive, Corpus Christi, TX 78404  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  Or/11/2023  Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411	
1901 Ocean Drive, Corpus Christi, TX 78404	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pate  Full name of contributor  Dr. John Mason  Contributor address;  City;  State; Zip Code  421 Pasadena Place, Corpus Christi, TX 78411	LUU
Date Dr. John Mason  Contributor address: City: State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor out-of-state PAC (ID#:	Date    Full name of contributor   out-of-state PAC (ID#:)   Amount of contribution	
Dr. John Mason  Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Date Date D7/11/2023  Full name of contributor Melanie Hauglum  Contributor address; City; State; Zip Code 202 Wilshire Place, Corpus Christi, TX 78411  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)	Dr. John Mason  Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411	
Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 7//11/2023  Full name of contributor Melanie Hauglum Contributor address; City; State; Zip Code 202 Wilshire Place, Corpus Christi, TX 78411  50.00	Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411	ion (\$)
Contributor address; City; State; Zip Code  421 Pasadena Place, Corpus Christi, TX 78411  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor O7/11/2023  Contributor address; City; State; Zip Code  200 Wilshire Place, Corpus Christi, TX 78411	Contributor address; City; State; Zip Code 421 Pasadena Place, Corpus Christi, TX 78411	00
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of contribution (\$)   Melanie Hauglum   Contributor address;   City;   State;   Zip Code   202 Wilshire Place, Corpus Christi, TX 78411   50.00	Principal conjugation / Joh Hills (Con Justine)	.00
Melanie Hauglum  Contributor address; City; State; Zip Code  202 Wilshire Place, Corpus Christi, TX 78411	Employer (See Instructions)	
Contributor address; City; State; Zip Code 202 Wilshire Place, Corpus Christi, TX 78411  50.00	Date Full name of contributor out-of-state PAC (ID#:) Amount of contributio	ion (\$)
202 Wilshire Place, Corpus Christi, TX 78411	7/44/0000	
202 Wilsnire Place, Corpus Christi, TX 78411	Contributor address; City; State; Zip Code	$\Box$
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	202 Wilshire Place, Corpus Christi, TX 78411	.00
Employer (occ manucuons)	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	

#### SCHEDULE A1

2 FILER NAME			1 Total pages Schedule A1: 5
Kristi K. B	ritt		3 Filer ID (Ethics Commission Filers)
4 Date	Scott Humpal	-of-state PAC (ID#:	7 Amount of contribution (\$)
07/10/2023		tty; State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Inst	ructions)
Date	Full name of contributor out-	-of-state PAC (ID#:	Amount of contribution (\$)
08/17/2023	Contributor address; Cit	ty; State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	ructions)
Date	Avinash Ahuja	-of-state PAC (ID#:	_) Amount of contribution (\$)
08/07/2021	Contributor address; Cit	•	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	ructions)
Date	Full name of contributor out-	of-state PAC (ID#:	_) Amount of contribution (\$)
08/21/2023	Contributor address; City 15398 Caravel Drive, Corpus	•	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	uctions)

#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how	to complete 1	this form.	1 Total pages Schedule A1: 5
2 FILER NAME Kristi K. E				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Liz Farek		PAC (ID#:)	7 Amount of contribution (\$)
08/09/2023	6 Contributor address; Corpus Christi	City;	State; Zip Code	100.00
8 Principal occu	ppation / Job title (See Instructions)		9 Employer (See Instru	actions)
Date 08/21/2023	Full name of contributor  Dale Day	out-of-state	PAC (ID#:)	Amount of contribution (\$)
00/21/2023	Contributor address; 1400 Ocean Drive, Unit	City;	State; Zip Code Christi, TX 78404	300.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor  Lonnie Schwirtlich, N		PAC (ID#:)	Amount of contribution (\$)
08/21/2023	Contributor address; 14314 Playa Del Rey, C	City;	State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor Lisa Kennedy	out-of-state	PAC (ID#:)	Amount of contribution (\$)
08/21/2023	Contributor address; 4701 Tuscan Way, C	city; Corpus Cl	State; Zip Code	100.00
Principal occup	aation / Job title (See Instructions)		Employer (See Instru	ctions)
Principal occur	pation / Job title (See Instructions)		Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

Filler NAME   Kristi K. Britt   S   Full name of contributor   Out-of-state PAC (ID#	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 5
12/11/2023   Cheri Sperling   Contributor address; City: State: Zip Code   15398 Caravel Drive, Corpus Christi, TX 78418   Corpus Christi, TX 78418   Corpus Christi, TX 78418   Principal occupation / Job title (See Instructions)   Pull name of contributor   Out-of-state PAC (ID#				3 Filer ID (Ethics Commission Filers)
1,000.00  1,000.		Out of state 1AC	C (ID#:)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  9	12/11/2023	6 Contributor address; City;	State; Zip Code	1,000.00
Corey and Jennifer Hunt  Contributor address; City; State; Zip Code 14258 Granada Dr., Unit E, Corpus Christi, TX 78418  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code  Full name of contributor  Out-of-state PAC (ID#:	3 Principal occu			ons)
Contributor address; City; State; Zip Code 14258 Granada Dr., Unit E, Corpus Christi, TX 78418  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:	Date		C (ID#:)	Amount of contribution (\$)
Date  Full name of contributor  Contributor address;  City;  State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:	12/11/2023	Contributor address; City;	· ·	50.00
Contributor address; City; State; Zip Code  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	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
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	Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code		Contributor address; City;	State; Zip Code	
Contributor address; City; State; Zip Code	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	İ	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2: 1
2 FILER NAM	<del>-</del>		3 Filer ID (Ethics Co	ommission Filers)
Kristi K. I	Britt			·
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
11/2/23	_		125.0	Event ticket
2,20	7 Contributor address; City; State;	Zip Code		 
	3914 Giants Dr., Corpus Christi, TX	78414	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ Attorney	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	_	er (FOR NON-JUDICI	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	Bay LTD		
, commoder o	principal decapation (FOX JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsic	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ŀ	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see Instruction	HIS SCHEDU	LE AS NEEDED additional reporting	requirements.

Forms provided by Texas Ethics Commission

## LOANS SCHEDULE E

	u information is not applicable, <b>DO NO</b>		aport.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers
Kristi K. Britt			
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	: PAC (ID#:)	9 Loan Amount (\$)
11/09/2023	Kristi K. Britt		3,000.00
6 Is lender a financial Institution?	8 Lender address; City; Corpus Christi, TX 78418	State; Zip Code	10 Interest rate 0.00  11 Maturity date
Y N			11 Машпцу оаце
	on / Job title (See Instructions)	13 Employer (See Instructions)	
	y Assistant District Attorney	Nueces County	
14 Description of Colla	ateral	Check if personal fun account (See Instruc	nds were deposited into political ctions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	I		
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
11/13/2023	Michael Britt		9,000.00
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?	Corpus Christi, TX 78418		0.00
Y N	· · · · · · · · · · · · · · · · · · ·		Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Surgeon		South TX Hip & Kne	e Solutions
Description of Colla	iteral		nds were deposited into political
■ none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
ŀ	Guarantor address; City;	State; Zip Code	
not applicable		ı	
Principal Occupatio	in (See Instructions)	Employer (See Instructions)	
If Io	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	EDED

#### 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
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 now to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
07/03/2023	Nueces County GOP			
6 Amount (\$)	7 Payee address;	City;	State;	Zin Codo
500.00	Corpus Christi, TX	<b>∵</b> (,	State,	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Event sponsor	rship	
l	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
07/21/2023	United Chamber of Commerce CC			
Amount (\$)	Payee address;	City;	State;	Zip Code
460.00	Corpus Christi, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Solicitation/Fundraising	State of City		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7/31/2023	Texas Association of Business			
Amount (\$)	Payee address;	City;	State;	Zip Code
450.00	Corpus Christi, TX			·
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Solicitation/Fundraising	South Texas Bu	usiness Sum	mit
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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Revised 8/17/2020

#### 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

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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Kristi K. Britt 4 Date 5 Payee name 08/07/2023 Flour Bluff Booster Club 6 Amount (\$) 7 Payee address: City; State: Zip Code Corpus Christi, TX 600.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Advertising Advertising in sports program OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Nueces County Republican Women 08/09/2023 Amount (\$) Payee address; City; State: Zip Code Corpus Christi, TX 415.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Sponsor event OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2023 Brewster's Street Icehouse Amount (\$) Payee address; City; State; Zip Code Corpus Christi, TX 400.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fundraising **Event** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**Reset Page** 

Revised 8/17/2020

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

al Committee Legal Services Salaries	Wages/Contract Labor	Other (enter a category not listed above)
2 FILER NAME	complete this form.	3 Filer ID (Ethics Commission Filers)
5 Payee name		
7 Payee address;	City;	State; Zip Code
Corpus Christi, TX		
(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Printing expense	Marketing mate	erials
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Gulf Coast Screen		
Payee address;	City;	State; Zip Code
Corpus Christi, TX		
Category (See Categories listed at the top of this schedule)	Description	
Printing expense	Marketing mate	erials
Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
PIBA		
Payee address;	City;	State; Zip Code
Corpus Christi, TX		
Category (See Categories listed at the top of this schedule)	Description	
Advertising expsense	Sponsorship	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED
	The Instruction Guide explains how to  2 FILER NAME Kristi K. Britt  5 Payee name Gulf Coast Mail Service  7 Payee address; Corpus Christi, TX  (a) Category (See Categories listed at the top of this schedule) Printing expense  (b) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Gulf Coast Screen Payee address; Corpus Christi, TX  Category (See Categories listed at the top of this schedule) Printing expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  PIBA Payee address; Corpus Christi, TX  Category (See Categories listed at the top of this schedule) Advertising expense  Check if travel outside of Texas. Complete Schedule T.  Category (See Categories listed at the top of this schedule) Advertising expsense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	The Instruction Guide explains how to complete this form.  2 FILER NAME Kristi K. Britt 5 Payee name Gulf Coast Mail Service 7 Payee address; City: Corpus Christi, TX  (a) Category (See Categories listed at the top of this schedule) Printing expense  (b) Check if ravel outside of Texas. Complete Schedule T. Candidate / Officeholder name  Gulf Coast Screen Payee address; City: Corpus Christi, TX  Category (See Categories listed at the top of this schedule) Printing expense  Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name  Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name  PIBA Payee address; City: Corpus Christi, TX  Category (See Categories listed at the top of this schedule) Payee name  PIBA Payee address; City: Corpus Christi, TX  Category (See Categories listed at the top of this schedule) Payee name  PIBA Payee address; City: Corpus Christi, TX  Category (See Categories listed at the top of this schedule) Sponsorship  Check if travel outside of Texas. Complete Schedule T. Check if Austin. Candidate / Officeholder name  Office sought  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Polition Credit Card Payment		Wages/Contract Labor complete this form.	Travel Out Of Distr Other (enter a cateo	ict gory not listed above)
1 Total pages Schedule F1		-	3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name			
10/18/2023	Nueces County Sheriff's Association	1		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	Corpus Christi, TX			•
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Table sponsor		
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought		Office held
Date	Payee name			
11/07/2023	Vistaprint			
Amount (\$)	Payee address;	City;	State;	Zip Code
1309.24				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising	printed campai	ign material	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11/11/2023	Nueces County Republican Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
1250.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Event sponsor		
	Check if travel outside of Texas. Complete Schedule T.	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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#### 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

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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Kristi K. Britt 4 Date 5 Pavee name 11/13/2023 **Toucan Graphics** 6 Amount (\$) 7 Payee address: City; State: Zip Code Corpus Christi, TX 630.12 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising printed campaign materials OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/15/2023 Island Foundation Amount (\$) Payee address; City: State; Zip Code Corpus Christi, TX 262.92 Category (See Categories listed at the top of this schedule) Description Advertising **PURPOSE Event tickets EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 11/28/2023 Derek Ryan Dover Amount (\$) Payee address: City; State: Zip Code Austin, TX 2020.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Other Campaign research OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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#### 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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Polling Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Credit Card Payment 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) Kristi K. Britt 4 Date 5 Payee name 12/04/2023 Andie Media 6 Amount (\$) 7 Payee address: City; State: Zip Code 600.00 Corpus Christi, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising video production **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **CASA Coastal Bend** 12/04/2023 Amount (\$) Payee address: City; State; Zip Code Corpus Christi, TX 300.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Event expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/20/2023 **U-Haul** Amount (\$) Payee address; City; State: Zip Code Corpus Christi, TX 190.60 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Rental expense sign installation EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 C

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME		2 Files ID (51)
7	Kristi K. Britt		3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
12/27/2023	MK Visual Communications		
Amount (\$)	7 Payee address;	City;	State; Zip Code
4839.82	Corpus Christi, TX		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising		o moderials
OF EXPENDITURE		marketing fee:	s, materiais
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/28/2023	Signs on the Cheap		
Amount (\$)	Payee address;	City;	State; Zip Code
3368.50			in i
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising	signs	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> 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
	Candidate / Officeholder name		avhense

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Revised 8/17/2020

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME FILED FOR RECORD AT 12:55 PM 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** P.O. Box 1473, Corpus Christi, TX 78403 FEB 05 2024 MAILING **ADDRESS** KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS Change of Address Date Hand-delivered or Date Postmarked AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (713)398-8760 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR MI **TREASURER** mike Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE ZIP CODE CAMPAIGN **TREASURER** 3914 Giants Dr., Corpus Christi, TX 78414 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE (361 693-2909 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Day **COVERED** 25 / 24 1 1 24 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Day Year Description General Special 3 5 24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Nueces County District Attorney THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS 2024-0050 **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)
Kristi K. Britt		,
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ THAN
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	\$ 2,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 417.79
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,380.78
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF T     OF REPORTING PERIOD	* 1,995.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	\$ 19,999.77
1	swear, or affirm, under penalty of perjury, that the accompanying report equired to be reported by me under Title 15, Election Code.	is true and correct and includes all information
	Ktyc/du	<del>i</del>
	Contractive designation of the Contractive	of Candidate or Officeholder
	Please complete either option b	elow:
	,	
/4\ Affidovit		
(1) Affidavit		
NOTARY STAMP/SEA	AL.	
	<del></del>	
Sworn to and subscribed	before me by th	s the,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unaviana Da danat		
(2) Unsworn Declarat		
My name is Krist	i K. Britt and my date of t	sirth is 111811970
My address is P. O.	BOX 1473 Corpus Chins	
Wy address is 1 · · ·		
Executed in Nuces	(street) (city) County, State of $\frac{\sqrt{\text{City}}}{\sqrt{\text{County}}}$ , on the $\frac{\sqrt{\text{City}}}{\sqrt{\text{City}}}$	(state) (zip code) (country)
LAGUAGU III	country, state of, on the day of	(month) (year)
	_ Ma	70M
	Signature of	Candidate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	FILER NAME  20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	2,500.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	3,798.57
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	\$	

## SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
FILER NAME Kristi K. B	ritt		3 Filer ID (Ethics Commission Filers)
l Date	5 Full name of contributor out-of-state PAC (ID Chris Gale and Amie Augenstein	D#:)	7 Amount of contribution (\$)
01/02/2024	6 Contributor address; City; P.O. Box 2591, Corpus Chris	State; Zip Code	1,000.00
Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	D#)	Amount of contribution (\$)
01/07/2024	Contributor address; City; 1122 Harborlights Dr., Corpus Chr	State; Zip Code	100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		D#:)	Amount of contribution (\$)
01/07/2024	Marty Benge  Contributor address; City;	State; Zip Code	100.00
	1122 Harborlights Dr., Corpus Chr	risti, TX 78412	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)
01/08/2024	Ann and Mike Lippincott  Contributor address; City;	State; Zip Code	1,000.00
	322 Catalina Pl., Corpus Chris	sti, TX 78411	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)

## LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers
Kristi K. Britt			
TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
01/16/2024	Kristi K. Britt		1,000.00
Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00
Institution?	Corpus Christi, TX 78418		11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
Nueces Count	y Assistant District Attorney	Nueces County	
<ul><li>Description of Coll</li><li>none</li></ul>	ateral	Check if personal fun account (See Instruc	nds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor	L	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	cion (See Instructions)	21 Employer (See Instructions)	-
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
01/25/2024	Kristi K. Britt		1,500.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0.00
Institution? Y ■ N	Corpus Christi, TX 78418		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Nueces Count	y Assistant District Attorney	Nueces County	
Description of Colle	ateral	Check if personal fun account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	- Levense
	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NE	

### 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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2024	5 Payee name Island Moon Newspaper		
6 Amount (\$) 175.00	7 Payee address:	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
01/09/2024	MK Visual Communications		
Amount (\$) 700.00	Payee address;	City:	State: Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting	Media & sign	installation
OF		Media & sign	installation  tin, TX, officeholder living expense
OF	Consulting  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Media & sign	
OF EXPENDITURE  Complete ONLY if direct	Consulting  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Media & sign	tin, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	Consulting  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Media & sign	tin, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OFDate  01/10/2024	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Wal-Mart	Media & sign  Check if Aust  Office sought	tin, TX, officeholder fiving expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  01/10/2024  Amount (\$)	Consulting  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Wal-Mart  Payee address;	Media & sign  Check if Aust  Office sought	tin, TX, officeholder fiving expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date  01/10/2024  Amount (\$)  90.43  PURPOSE OF	Consulting  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Wal-Mart  Payee address;  Corpus Christi, TX	Media & sign  Check if Aust Office sought  City;  Description	tin, TX, officeholder fiving expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date  01/10/2024  Amount (\$)  90.43  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Wal-Mart  Payee address;  Corpus Christi, TX  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Media & sign  Check if Aust Office sought  City;  Description	Office held  State: Zip Code

### 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

	The instruction during explains now to t	somplete this form:			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)	
4 Date	5 Payee name		1		
01/10/2024	Barefoot Mardi Gras				
6 Amount (\$)		City;	State:	Zip Code	
<b>δ</b> Amount ( <b>φ</b> )	7 Payee address;	City,	State,	Zip Code	
1,500.00	Corpus Christi, TX 78418				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Sponsorship			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX. officeholder livir	ng expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
01/16/2024	South Texas Jetty				
Amount (\$)	Payee address;	City;	State;	Zip Code	
240.35	Port Aransas, TX				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Newspaper A	d		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
01/22/2024	Island Moon Newpaper				
Amount (\$)	Payee address;	City;	State;	Zip Code	
175.00	Corpus Christi, TX 78418				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Newspaper Ad	t		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

#### 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 Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollina 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 3 5 Payee name 4 Date 01/24/2024 John Vaughan 6 Amount (\$) 7 Payee address; State: Zip Code City; 500.00 Corpus Christi, TX 78418 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Kiwanis Bingo Sponosorship Advertising OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code Amount (\$) Payee address: Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; Zip Code City; State: Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

-		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
The C/OH Instruction C	Guide explains how	to complete this f	form.	er ID (Ethics Commission Filen	s) 2 Total pages	filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Kristi</b>		мі <b>К</b>		E USE ONLY
INOMIC	NICKNAME	LAST <b>Britt</b>		SUFFIX	Date Received FILED	FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX P.O. Box 14			STATE; ZIP CODE 3403		2 6 2024  HA SANOS  HAT NUECES COUNTY, TEXAS  OEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	(713 )	PHONE NUMBER 398-8760		EXTENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Mike</b>		МІ	Receipt #	Amount \$
INAME	NICKNAME	LAST	• • • • • • • • • • • • • • • • • • • •	SUFFIX		
,		Hummel			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	3914 Giants	Dr., Corpus	•	78414	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(361)	PHONE NUMBER 693-2909		EXTENSION		
9 REPORT TYPE	January 15	30th da	ay before election	Runoff	treasurer	after campaign appointment Ider Only)
	July 15	8th day	before election	Exceeded Modified Reporting Limit	· ·	port (Attach C/OH - FR)
10 PERIOD	Month	Day Yea	ır	Month	h Day Ye	ear
COVERED	1	/ 26 / 24	<b>!</b> тн	ROUGH 2	/ 24 / 2	4
11 ELECTION	ELECTION DA	TE		ELECTION TY	PE	
	Month Day	Year	Primary	Runoff Other Description		
	3 / 5 /	<b>/ 24</b>	General	Special		
12 OFFICE	OFFICE HELD (if any)	1		13 OFFICE SOUGHT (IF knd Nueces Count	•	torney
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXP	PENDITURES MAY HAV	OR POLITICAL EXPENDITURES E BEEN MADE WITHOUT THE CAPORT THIS INFORMATION ONLY	ANDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDR	ESS			
	SPECIFIC	COMMITTEE CAMP.	AIGN TREASURER	NAME		
		COMMITTEE CAMP	PAIGN TREASURER	ADDRESS		
	<u> </u>			<del></del>		-
		_				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

· · · · · · · · · · · · · · · · · · ·		
15 C/OH NAME Kristi K. Britt		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 3,475.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,062.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,328.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 326.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 22,212.77
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	dance to be reported by the under trate 15, Election code.	П
	Signature of Con	adidate or Officeholder
	Signature of Car	didate of Officeriolder
	Please complete either option below	
	riddo dompieto dialer option below	1
(1) Affidavit		
(1)		
NOTARY STAMP/SEA	J.	
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 administe	1 Fines traine of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	OR	
1/ 51	· / ? · // .	10110
My name is MS+	7 K. BMH , and my date of birth is	
My address is <u>V. 0 </u>	Box 1473, Corpus Christi, T	<u>x 78463</u> , us
Executed in Nucces	Tayac	ate) (zip code) (country)  (year) (year)
	Signature of Cooding	ate/Officeholder (Declarant)
	Signature of Canorda	neromoenoider (Deciarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Kristi K. Britt	20 Filer ID (Ethics Con	mmiss	sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,475.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS			2,213.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (	CONTRIBUTIONS	\$	6,266.92
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	AL CONTRIBUTIONS	\$	1919 Sylvariable
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			25,061.22
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	FUNDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	SUTIONS RETURNED	\$	

### SCHEDULE A1

			1 Total pages Schedule A1: 3
The	Instruction Guide explains how to complete this	form.	1 Total pages Scriedule AT. 3
2 FILER NAME Kristi K. B	ritt		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Full name of contributor out-of-state PAC Elizabeth Owens	(ID#:)	7 Amount of contribution (\$)
01/29/2024	6 Contributor address; City; 551 La Costa Cay, Port Arans	State; Zip Code	1,000.00
8 Principal occu		9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC  Brenda Owens	: (ID#)	Amount of contribution (\$)
01/29/2024	Contributor address; City;	State; Zip Code	200.00
Principal occup	P.O. Box 1006, Port Aransa	as, TX 78373  Employer (See Instruction	ons)
Date		: (ID#)	Amount of contribution (\$)
01/29/2024	Deborah and Romeo Galindo  Contributor address: City:  15938 Punta Espada Loop, Corpus (	State; Zip Code  Christi, TX 78418	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC  Adrienne and Joseph Levandowski	(ID#:)	Amount of contribution (\$)
01/29/2024	Contributor address; City;  14110 Coquina Bay Ave, Corpus C	State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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

### SCHEDULE A1

The	Instruction Guide explains how to	o complete th	is form.	1 Total pages Schedule A1:
FILER NAME Kristi K. Br				3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Rick and Mary Monical	out-of-state P	AC (ID#)	7 Amount of contribution (\$)
1/29/2024	6 Contributor address;	City:	State: Zip Code	1,000.00
	3309 Robbins Road, Su	ite 181, Sp	oringfield, IL 62704	1,000.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	otions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
1/30/2024	Tanya Chambers			250.00
	Contributor address: Port Aransas, T	City:	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	~ 1001	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P.	AC (ID#)	Amount of contribution (\$)
2/05/2024	Kimberly Young			25.00
	Contributor address: Corpus Christi, T	City;	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ltions)
Date	Full name of contributor	out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
2/06/2024	Preston Douglass			
2/06/2024	Contributor address;	City;	State; Zip Code	500.00
	Corpus Christi, T	X		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			. 4.	

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

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how t	o complete th	nis form.	1 Total pages Schedule A1: 3
FILER NAME Kristi K. Bri	itt			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#)  Scott Rogers		7 Amount of contribution (\$)	
2/20/2024	6 Contributor address; Corpus Christi, T	City;	State; Zip Code	100.00
Principal occu			9 Employer (See Instructi	ions)
Date 129   1	Full name of contributor  Chase Chambers		PAC (ID#)	Amount of contribution (\$)
121/201	Contributor address: 507 Sea Oats	City;	State: Zip Code  HAYansus TX 78	100.00
Principal occup	pation / Job title (See Instructions)	- , 10	Employer (See Instructi	
Date	Full name of contributor	out-of-state P	AC (ID#)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state P.	AC (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State: Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ons)

## LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

Trate requested	a information is not applicable, <b>bo no</b>	- molude this page in the re		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Kristi K. Britt				
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
02/20/2024	Kristi K. Britt		2,213.00	
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial Institution?	Corpus Christi, TX 78418		0.00	
Γ <sub>Y</sub> Γ N			11 Maturity date	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
<b>Nueces Count</b>	ty Assistant District Attorney	Nueces County		
14 Description of Col	ateral	Check if personal fun account (See Instruc	nds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	4	
Description of Coll	ateral	Charle is a second for		
none		account (See Instruc	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor	J	Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
		IES OF THIS SCHEDULE AS NEI		
IT le	ender is out-of-state PAC, please see Ins	struction guide for additional re	porting requirements.	

#### 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 Salaries/Wages/Contract Labor

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics Commission Filers)	)
4 Date 25	5 Payee name			
01/26/2024	MK Visual Communications			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
293.49	PO Box xxxx, Corpus Christi, TX 784	<b>4</b> 18		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	signs/p	varade materials	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/26/2024	Corpus Christi Caller Times			
Amount (\$)	Payee address;	City;	State; Zip Code	
1,360.19				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Email advertis	sing	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/31/2024	South Jetty Newspaper			
Amount (\$)	Payee address;	City;	State; Zip Code	
240.35	Port Aransas, TX 78373			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Newspaper Ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	$\exists$

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Cardin ayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics Con	mmission Filers)
4 Date	5 Payee name			
02/02/2024	MK Visual Communications			
6 Amount (\$)	7 Payee address:	Cíty;	State; Z	Zip Code
680.00	PO Box xxx, Corpus Christi, TX 784	18		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	parade	materials	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expe	ense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Offic	ce held
Date	Payee name			
02/07/2024	South Jetty Newspaper			
Amount (\$)	Payee address:	City:	State; Z	Zip Code
37.85	Port Aransas, TX 78373			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Newspaper A	√d	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	ce held
Date	Payee name			
02/07/2024	Vista Print			
Amount (\$)	Payee address;	City;	State; Z	Zip Code
1,085.78	Online			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Campaign sig	ins/campaezon	naterials?
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	itin, TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offi	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ordan dymost	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics Co	ommission Filers)
4 Date ( 02/07/2024	5 Payee name Toucan Graphics			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
316.73	Corpus Christi, TX 78412			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Koozies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living exp	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Off	fice held
Date	Payee name			
02/13/2024	South Jetty Newspaper			
Amount (\$)	Payee address;	City;	State;	Zip Code
240.35	Port Aransas, TX 78373			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Newspaper Ad	d	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Off	ice held
Date	Payee name			
02/20/2024	MK Visual Communications			
Amount (\$)	Payee address;	City;	State;	Zip Code
720.20	PO Box xxx, Corpus Christi, TX 7841	8		
	Category (See Categories listed at the top of this schedule)	Description	۵	
PURPOSE OF EXPENDITURE	Advertising	parade no	iterials entrans banqu	ng fee
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n. TX. officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	3-4-4

#### 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)

Travel Out Of District Legal Services Salaries/Wages/Contract Labor 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) Kristi K. Britt 4 Date 5 Payee name 02/20/2024 Vista Print 6 Amount (\$) 7 Payee address: City: State Zip Code 998.47 Online (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** campaign gard signs Advertising OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/20/2024 South Jetty Newspaper Amount (\$) Payee address: City: State: Zip Code 293.51 Port Aransas, TX 78373 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Newspaper Ad OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Oπicenoider/Politica	The Instruction Guide explains how to d	Vages/Contract Labor  complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$
5 Date	6 Payee name		L
02/03/2024	MK Visual Communications		
7 Amount (\$)	8 Payee address;	City;	State: Zip Code
2,356.54	14493 SPID, Suite A, PMB 382, Corp	ous Christi, TX	78418
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Radio Ads	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au:	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH  Date  02/03/2024	Candidate / Officeholder name C  Payee name  MK Visual Communications	Office sought	Office held
Amount (\$)	Payee address;	City;	State; Zip Code
2,697.76	14493 SPID, Suite A, PMB 382, Corp		•
TYPE OF EXPENDITURE	Political Non-Po	olitical	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Radio Ads	
	Check if travel outside of Texas, Complete Schedule T.	Check if Au	istin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Condidate/Officeboldor/Palitical Committee

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/N  The Instruction Guide explains how to c	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Kristi K. Britt		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CR	REDIT CARD	\$
5 Date	6 Payee name		
02/03/2024	MK Visual Communications		
7 Amount (\$)	8 Payee address;	City;	State: Zip Code
2,776.80	14493 SPID, Suite A, PMB 382, Corp	ous Christi, TX 7	78418
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Radio Ads	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH  Date  02/06/2024	Candidate / Officeholder name O  Payee name  MK Visual Communications	ffice sought	Office held
		0:4	
2,782.00	14493 SPID, Suite A, PMB 382, Corp	ous Christi, TX	State; Zip Code 78418
TYPE OF EXPENDITURE	Political Non-Po	olitical	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Television Ad	s
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S		

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Kristi K. Britt 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name MK Visual Communications 02/06/2024 8 Payee address: 7 Amount (\$) Zip Code 1,045.00 14493 SPID, Suite A, PMB 382, Corpus Christi, TX 78418 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Consulting Consulting Fee OF **EXPENDITURE** (c)Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name MK Visual Communications 02/06/2024 Amount (\$) Payee address: City: State; Zip Code 437.00 14493 SPID, Suite A, PMB 382, Corpus Christi, TX 78418 TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Television Ads EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F4

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#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kristi K. Britt 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 02/06/2024 MK Visual Communications 7 Amount (\$) 8 Payee address; Zip Code 14493 SPID, Suite A, PMB 382, Corpus Christi, TX 78418 2,853.00 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Television Ads OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/06/2024 MK Visual Communications Amount (\$) Pavee address: City; State: Zip Code 14493 SPID, Suite A, PMB 382, Corpus Christi, TX 78418 5,491.12 TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising **Television Ads** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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#### SCHEDULE F4

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#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense

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 Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kristi K. Britt 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name MK Visual Communications 02/19/2024 7 Amount (\$) 8 Payee address: Zip Code 4,622.00 14493 SPID, Suite A, PMB 382, Corpus Christi, TX 78418 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising **Television Ads EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED