

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Michael W. Bergsma		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,634.34
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Michael W Bergsma

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,730.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,290.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael Bergsma
Signature of Candidate or Officeholder

Please complete either option below:

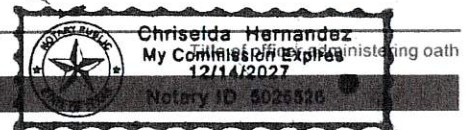
(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Bergsma this the 12th day of July, 2024, to certify which, witness my hand and seal of office.

Chriselda Hernandez
Signature of officer administering oath

Chriselda Hernandez
Printed name of officer administering oath



OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michael W. Bergsma		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice Zimmerman	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78404		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Zeller	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code [REDACTED] Victoria, Texas 77903		
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions) Victoria County
Date 02/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MD Scott	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code [REDACTED] Robstown, Texas 78380		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) HNS Contractor
Date 02/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LJ Francis for Texas	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78413		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) State of Texas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michael W. Bergsma		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erik Larsen	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78418		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck & Sandra Cazalas	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78414		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/01/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Richard Nelson	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78413		
Principal occupation / Job title (See Instructions) Stock Broker		Employer (See Instructions)
Date 06/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Guggenheim	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78418		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michael W. Bergsma		3 Filer ID (Ethics Commission Filers)
4 Date 06/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul Torres	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78415		
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Self Employed
Date 06/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Garza	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78401		
Principal occupation / Job title (See Instructions) Real Estate Owner		Employer (See Instructions) Self Employed
Date 6/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Haigler	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Dale Texas 78616		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Lucente	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78477		
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) MSquared Exploration LLC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michael W. Bergsma		3 Filer ID (Ethics Commission Filers)
4 Date 06/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Eisenberg	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78412		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus Haas	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78411		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Parker	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78410		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) RAP Engineering
Date 6/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Suarez	Amount of contribution (\$) \$180.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, Texas 78415		
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michael W. Bergsma		3 Filer ID (Ethics Commission Filers)
4 Date 01/01/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Goddard	7 Amount of contribution (\$) \$100.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ _____ Corpus Christi, Texas 78414		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orlando Sims	Amount of contribution (\$) \$20.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ _____ Corpus Christi, Texas 78414		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/02/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob MacQueen	Amount of contribution (\$) \$250.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ _____ Corpus Christi, Texas 78411		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address: _____ City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Michael W. Bergsma	3 Filer ID (Ethics Commission Filers)
4 Date 1/11/24 2/11/24 3/11/24 6/24/24	5 Payee name Kingsmaker Data	
6 Amount (\$) \$1000.00 \$1000.00 \$1000.00 Total \$5000.00	7 Payee address; City; State; Zip Code 8102 Radcliff Drive Colorado Springs CO 80920	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Services	(b) Description Analytical Services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Michael W. Bergsma Office sought: Corpus Christi Independent School District Board At Large		
Date 5/16/24	Payee name Olive Branch Consulting	
Amount (\$) \$1500.00	Payee address; City; State; Zip Code 15450 Cruiser Street Corpus Christi, Texas 78418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Services	Description Campaign Consultation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Michael W. Bergsma Office sought: Corpus Christi Independent School District Board At Large		
Date 1/28/24 2/28/24 3/28/24 4/28/24 5/28/24 6/28/24	Payee name Quickbooks	
Amount (\$) \$22.39 \$22.39 \$22.39 Total \$134.34	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View California 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Record Keeping	Description Accounting Software Subscription
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Michael W. Bergsma Office sought: Corpus Christi Independent School District Board At Large		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

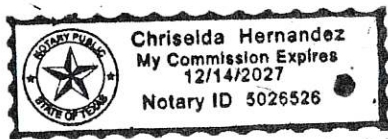
OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name Michael W. Bergsma	Filer ID #
----------------------------------	------------

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Finance Report report due on July 15th 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Michael Bergsma
Signature of Filer

Sworn to and subscribed before me by Michael Bergsma this the 12th day of July, 2024, to certify which, witness my hand and seal of office.

Chriselda Hernandez Chriselda Hernandez
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER