

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME **PAULETTE GUAJARDO** **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE: GENERAL SPECIFIC

COMMITTEE NAME: _____

COMMITTEE ADDRESS: _____

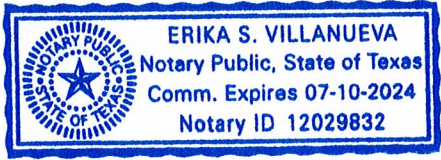
COMMITTEE CAMPAIGN TREASURER NAME: _____

COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 495.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 79,545.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ ITEMIZED
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,406.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 73,438.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 59,050.00

18 AFFIDAVIT



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.

Paulette Guajardo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PAULETTE GUAJARDO, this the 14th day of July, 2022, to certify which, witness my hand and seal of office.

E. Villanueva Signature of officer administering oath Erika S. Villanueva Printed name of officer administering oath Notary Public Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
PAULETTE GUAJARDO		
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 77,295.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,250.00
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	\$ 10,406.73
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
ITEMIZED

2 FILER NAME

PAULETTE GUAJARDO

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

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#: _____)

Amount of contribution (\$)

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#: _____)

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.

2022

PAULETTE GUAJARDO CAMPAIGN

CONTRIBUTORS (SCHEDULE A1)

CONTRIBUTOR	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
Enrique Davila	\$ 2,500.00	2/16/2022	215 N. Cener St. Unit 1808	San Antonio	TX	78202
Ashley Chesney	\$ 1,000.00	4/13/2022	242 Cape Aron Drive	CC	TX	78412
D. Westley Thomas III	\$ 1,000.00	4/14/2022	5122 Cape Ann Drive	CC	TX	78413
Philip Ramirez	\$ 1,000.00	4/14/2022	322 Santa Monica Place	CC	TX	78411
Hugo Berlanga	\$ 1,000.00	4/17/2022	28 Hewitt Drive	CC	TX	78404
Rajan Ahuja	\$ 2,500.00	4/14/2022	28 E Bar Le Doc Drive	CC	TX	78414
Christopher Hamilton	\$ 1,000.00	4/17/2022	1814 Holly Drive	CC	TX	78417
Nicholas Gignac	\$ 500.00	4/14/2022	349 Jackson	CC	TX	78411
Raymond Gignac	\$ 1,000.00	4/14/2022	3260 Ocean Drive	CC	TX	78412
Paul Walton	\$ 2,500.00	4/14/2022	14 E Bar Le Doc Drive	CC	TX	78414
William Cocke	\$ 5,000.00	4/15/2022	36 Hewitt Drive	CC	TX	78404
Reagan Brown	\$ 1,000.00	4/15/2022	333 Cape May	CC	TX	78412
John W. Taylor	\$ 1,000.00	4/14/2022	P O Box 270965	CC	TX	78427
Gregg Reyes	\$ 2,500.00	4/18/2022	1901 Hollister Street	CC	TX	77080
Clark Pipeline Services	\$ 3,000.00	4/21/2022	6229 Leopard Street	CC	TX	78409
CC Ready Mix	\$ 3,000.00	4/21/2022	6229 Leopard Street	CC	TX	78409
Craig Sico	\$ 2,000.00	5/22/2022	232 County Road 356	George West	TX	78022
Scott Corliss	\$ 1,000.00	5/27/2022	1234 Cornerstone Drive	CC	TX	78418
Oso Bridge Investors LLC	\$ 250.00	5/29/2022	2434 Sacky Dr	CC	TX	78415
Enrique Flores	\$ 1,500.00	5/31/2022	1913 Chalk Rock CV	Austin	TX	78735
Ruth Hughs	\$ 250.00	6/3/2022	1700 Apricot Glen Drive	Austin	TX	78746
Dharmendra Verma	\$ 2,000.00	6/7/2022	109 Willdorse Dr	Victoria	TX	77904
Swetha Panati	\$ 500.00	6/8/2022	12456 SW 72nd Ave, #712	Portland	OR	97223
Lori L Dellinger	\$ 1,000.00	6/8/2022	233 Cape May Dr	CC	TX	78412
Veena Reddy	\$ 2,000.00	6/8/2022	38 E Bar Le Doc Dr	CC	TX	78414

Jerry D Hunsaker	\$	500.00	6/8/2022	4707 Everhart #106	CC	TX	78411
Sulakshana Modak	\$	150.00	6/8/2022	7006 Chiswick Dr	CC	TX	78413
Sunil & Geeta Reddy	\$	5,000.00	6/8/2022	P O Box 27200	CC	TX	78427
Vijayan Ramasamy	\$	100.00	6/8/2022	4521 Patriot	CC	TX	78413
Jimmy Fernandez	\$	5,000.00	6/8/2022	8226 San Fidel Way	San Antonio	TX	78255
Diane Leonetti	\$	500.00	6/8/2022	P O Box 331477	CC	TX	78463
Shekhar Dongre	\$	100.00	6/8/2022	7025 Bevington	CC	TX	78413
Maria Alexander	\$	100.00	6/8/2022	6008 Ocean Dr	CC	TX	78413
Harold Kane	\$	500.00	6/8/2022	4853 Ocean	CC	TX	78412
Charles Webb	\$	300.00	6/8/2022	4745 Ocean Dr	CC	TX	78412
D Hommer	\$	200.00	6/8/2022	CC Texas	CC	TX	78404
Pulmonary Critical Care Assoc of CC	\$	500.00	6/8/2022	613 Elizabeth Street	CC	TX	78404
Vishal Brahmhatt	\$	300.00	6/8/2022	1611 Via Verdona Dr	Richmond	TX	77406
Sandeep Yarlagadda	\$	300.00	6/8/2022	8580 Ventana Dr #4104	Oak Creek	WI	53154
Nancy Beauchamp	\$	100.00	6/8/2022	1901 Ocean Dr	CC	TX	78404
Vitalcare Telemedicine LLC	\$	400.00	6/8/2022	15957 Punta Espada Loop	CC	TX	78418
Zehra Surani	\$	500.00	6/8/2022	7613 Lake Bolsena Dr	CC	TX	78413
Gloria Hicks	\$	1,000.00	6/8/2022	5226 Greenbriar	CC	TX	78415
Sudhakar Papineni	\$	250.00	6/8/2022	13834 Captains Row	CC	TX	78418
South Texas Pulmonary & Critical Care	\$	500.00	6/8/2022	151 South Alameda	CC	TX	78404
Melanie Fairchild	\$	100.00	6/8/2022	5201 Riveroaks	CC	TX	78412
Kevin Lassahn	\$	500.00	6/8/2022	9401 Up River Road	CC	TX	78410
John Valls	\$	1,000.00	6/8/2022	615 N Upper Broadway #616	CC	TX	78401
Ardurra Group PAC	\$	500.00	6/8/2022	5851 San Felipe #425	Houston	TX	77057
Barton Braselton	\$	750.00	6/9/2022	5337 Yorktown Suite 10D	CC	TX	78413
Piyushi Patel	\$	1,000.00	6/13/2022	529 Greenridge dr	Coppell	TX	75019
Neal Patel	\$	1,000.00	6/13/2022	733 S Coppell Dr	Coppell	TX	75019
Anthony Lamantia	\$	1,250.00	6/13/2022	4130 Ocean Dr	CC	TX	78411
Ronald Graben	\$	500.00	6/29/2022	CC Texas	CC	TX	78404
Paul Walton	\$	500.00	6/29/2022	14 E Bar Le Doc Drive	CC	TX	78414
Teresa Hinojosa	\$	100.00	6/29/2022	7009 S. Staples	CC	TX	78413

Mari Dickson	\$	1,000.00	6/29/2022	5605 Les Perre St	CC		TX	78414
Josie Kudlicki	\$	300.00	6/29/2022	6037 Tarafaya Dr	CC		TX	78414
Barbara Welder	\$	100.00	6/29/2022	202 Reef Ave #106	CC		TX	78402
Helga Barraza	\$	100.00	6/29/2022	3066 FM 70	Sandia		TX	78383
Delfina Lerma	\$	100.00	6/29/2022	2922 Charles Drive	CC		TX	78410
Thothsakanh Thongsavanh	\$	500.00	6/29/2022	929 Zarksky	CC		TX	78412
Catherine Skurrow	\$	100.00	6/29/2022	520 E Broadway St	Portland		TX	78374
Jahvid Motaghi	\$	200.00	6/29/2022	1400 Ocean Dr #4	CC		TX	78404
Larry Elizondo	\$	1,000.00	6/29/2022	48 Great Lakes Dr	CC		TX	78413
MD Scott	\$	500.00	6/29/2022	5548 County Road 81	Robstown		TX	78380
Mossa Mostaghani	\$	1,500.00	6/29/2022	P O Box 331308	CC		TX	78463
Paul Chapa	\$	1,000.00	6/29/2022	8022 St Laurent	CC		TX	78414
Sylvia Perez	\$	500.00	6/29/2022	4518 Bluefield	CC		TX	78413
John Michael	\$	500.00	6/29/2022	3117 Seafoam Dr	CC		TX	78418
Buchanan Abstract & Title Company	\$	100.00	6/29/2022	737 Everhart #C	CC		TX	78411
Linebarger Goggan Blair & Sampson LLP	\$	1,500.00	6/27/2022	P O Box 17428	Austin		TX	78760
Auto Works Auto Sales LLC	\$	300.00	6/29/2022	5702 Ayers Street	CC		TX	78415
Wesley Hoskins	\$	500.00	6/29/2022	308 Pebble Beach	Portland		TX	78374
Brian Aycock	\$	250.00	6/29/2022	8022 Villafuente	CC		TX	78414
Lee Trujillo	\$	250.00	6/29/2022	4730 Wooldridge	CC		TX	78413
Rosie M Hicks	\$	50.00	6/29/2022	5313 River Oaks	CC		TX	78413
Eloy Salazar	\$	250.00	6/29/2022	2434 Sacky Dr	CC		TX	78415
Anna Salazar	\$	150.00	6/29/2022	8206 Capodolcino Dr	CC		TX	78414
Tierra Motors	\$	350.00	6/29/2022	2434 Sacky Dr	CC		TX	78415
Jeffrey Lehman	\$	1,000.00	6/29/2022	5026 Oakmont	CC		TX	78413
Donald Taft	\$	1,000.00	6/29/2022	4350 Ocean Dr #805	CC		TX	78412
Cheryl Redding-Votzmeier	\$	200.00	6/30/2022	901 N Upper Broadway #701	CC		TX	78401
Total to Date	\$	76,800.00						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: ITEMIZED	
2 FILER NAME <p style="text-align: center;">PAULETTE GUAJARDO</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

2022

PAULETTE GUAJARDO CAMPAIGN

IN KIND - CONTRIBUTORS (SCHEDULE A2)

CONTRIBUTOR	AMOUNT	DATE	PURPOSE	ADDRESS	CITY	STATE	ZIP
William Cocke	\$ 1,000.00	4/15/2022	Fundraiser	36 Hewitt	CC	TX	78404
Veena Reddy	\$ 1,250.00	6/8/2022	Fundraiser	38 E Bar Le Doc	CC	TX	78414
Total to Date	\$2,250.00						

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: NONE	
2 FILER NAME <p style="text-align: center;">PAULETTE GUAJARDO</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: NONE
2 FILER NAME <p style="text-align: center;">PAULETTE GUAJARDO</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political 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 PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name ITEMIZED				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 NEEDED

2022

PAULETTE GUAJARDO CAMPAIGN

VENDOR EXPENSES (SCHEDULE F1)

EXPENSES	AMOUNT	DATE	CATEGORY/PURPOSE	ADDRESS
Google Suite	\$ 25.58	1/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Google	\$ 24.87	1/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Square Space	\$ 28.15	1/14/2022	Campaign Expense - Email Account	New York, NY
American Bank	\$ 1.75	1/31/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CTX 78466
Dreamers & Walkers	\$ 2,000.00	1/20/2022	Campaign Expense - Political Consulting	622 Berruda, CTX 78411
Google Suite	\$ 25.58	2/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Google	\$ 24.87	2/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Square Space	\$ 28.15	2/14/2022	Campaign Expense - Email Account	New York, NY
American Bank	\$ 20.00	2/28/2022	Campaign Expense - Bank Maintenance Fee	P O Box 6469, CTX 78466
American Bank	\$ 1.75	2/28/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CTX 78466
Google	\$ 24.87	3/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Google Suite	\$ 25.58	3/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Square Space	\$ 28.15	3/14/2022	Campaign Expense - Email Account	New York, NY
American Bank	\$ 20.00	3/31/2022	Campaign Expense - Bank Maintenance Fee	P O Box 6469, CTX 78466
American Bank	\$ 1.75	3/31/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CTX 78466
Google Suite	\$ 25.58	4/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Google	\$ 24.87	4/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Square Space	\$ 28.15	4/14/2022	Campaign Expense - Email Account	New York, NY
Dreamers & Walkers	\$ 6,000.00	4/29/2022	Campaign Expense - Political Consulting	622 Berruda, CTX 78411
American Bank	\$ 1.75	4/29/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CTX 78466
Google	\$ 24.87	5/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Google Suite	\$ 25.58	5/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Square Space	\$ 28.15	5/14/2022	Campaign Expense - Email Account	New York, NY
American Bank	\$ 37.19	5/4/2022	Campaign Expense - Bank Check Fee	P O Box 6469, CTX 78466
American Bank	\$ 1.75	5/31/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CTX 78466

Google Suite	\$ 25.58	6/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Google	\$ 24.87	6/3/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Square Space	\$ 28.15	6/14/2022	Campaign Expense - Email Account	New York, NY
Katz Restaurant	\$ 1,876.77	6/29/2022	Campaign Expense - Fundraiser	
American Bank	\$ 1.75	6/30/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CTIX 78466
Total to Date	\$ 10,436.06			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ -0-
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">NONE</div>
2 FILER NAME <div style="text-align: center; padding: 5px;">PAULETTE GUAJARDO</div>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased <hr style="border-top: 1px dotted black;"/> 6 Address of person from whom investment is purchased; City; State; Zip Code 7 Description of investment 8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased <hr style="border-top: 1px dotted black;"/> Address of person from whom investment is purchased; City; State; Zip Code Description of investment Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing 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 <p style="text-align:center; font-size:1.2em;">PAULETTE GUAJARDO</p>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ -0-
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political 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 G:	2 FILER NAME <p style="text-align:center">PAULETTE GUAJARDO</p>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <p style="text-align:center">NONE</p>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <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	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <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	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <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	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <p style="text-align:center; font-size: 1.2em;">PAULETTE GUAJARDO</p>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name <p style="text-align:center; font-size: 1.2em;">NONE</p>
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <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	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <p style="text-align: center;">PAULETTE GUAJARDO</p>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <p style="text-align: center;">NONE</p>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
NONE

2 FILER NAME

PAULETTE GUAJARDO

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder