

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 19			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
CARDLYN VAUGHN						
Date Received Date Filed <u>10/7/24</u>						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
	P.O. BOX 261025 CORPUS TX 78426 Christi					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date (Date Delivered or Date Postmarked) Rebecca Huerta City Secretary		
	(361) 877-0148					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
MARYLIND JORDAN						
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	P.O. BOX 261025 CORPUS CHRISTI TX 78426					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(361) 877-0148					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year			Month Day Year		
	7 / 1 / 2024			THROUGH 9 / 26 / 2024		
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
11 / 05 / 2024			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	NA			City Council AT Large		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Carolyn Vaughn 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,003. ³⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,574.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 314.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,000. ⁰⁰

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

Carolyn Vaughn
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is CARDLYN VAUGHN, and my date of birth is 12-21-1952
 My address is 4214 Spring Creek Drive, Corpus Christi, Tx., 78410, USA
(street) (city) (state) (zip code) (country)
 Executed in Nueces County, State of Tx., on the 7th day of Oct, 20 24
(month) (year)
Carolyn Vaughn
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Carolyn Vaughn

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,003.36
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 19,000
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 26,574.41
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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: 8
2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)
4 Date 7-11-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adalberto Carillo III	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [REDACTED] CC TX. 78413		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David R. Resendez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] CC TX. 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. TX. Alliance	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] CC TX. 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B.M. Roy III	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] CC TX. 78412		
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.

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: 8
2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)
4 Date 7-11-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosalinda M. Hicks	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [REDACTED] CC TX, 78413		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Flanagan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Cox	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar Investments	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78415		
Principal occupation / Job title (See Instructions)		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: 8
2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)
4 Date 7-11-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIERRA MOTORS LLC	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [REDACTED] CC TX, 78415		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J & E Ranch TRACTS LLC	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KED L. BAKER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Milby	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78410		
Principal occupation / Job title (See Instructions)		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: 8
2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)
4 Date 7-9-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Graham	7 Amount of contribution (\$) 260.59
6 Contributor address; City; State; Zip Code [REDACTED] CC, TX. 78402		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7-9-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Guggenheim	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] CC, TX. 78418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-9-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Bennett	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] CC, TX. 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo W Moore	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] CC, TX. 78418		
Principal occupation / Job title (See Instructions)		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: 8
2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)
4 Date 7-11-24	5 Full name of contributor Rudy Garza <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] City: CC State: TX Zip Code: 78401	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7-11-24	Full name of contributor David C. Koeb <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City: CC State: TX Zip Code: 78411	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor Richard R Valls <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City: CC State: TX Zip Code: 78403	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-24	Full name of contributor Gulley Family Investments <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City: CC State: TX Zip Code: 78414	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		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: 8
2 FILER NAME CAROLYN VAUGHN		3 Filer ID (Ethics Commission Filers)
4 Date 7-15-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Catalano	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code [REDACTED] CC TX, 78401		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7-16-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie Meyer	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78402		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-23-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifford Hendricks	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-22-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kusumakar Sooda	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] CC TX, 78413		
Principal occupation / Job title (See Instructions)		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: 8
2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)
4 Date 8/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. D. Scott	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [Redacted] Robstown TX 78380		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lumbarger Atty. At Law	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code [Redacted] CC TX. 78401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Carolyn Vaughn	Amount of contribution (\$) 10,000
Contributor address; City; State; Zip Code [Redacted] CC TX. 78426		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ednie Pinkerton	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] Robstown, TX. 78380		
Principal occupation / Job title (See Instructions)		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: 8
2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)
4 Date 9-30-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest R Garza	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code [Redacted] Corpus Christi, TX, 78410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date / 9-4-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Squires	Amount of contribution (\$) 992.71
Contributor address; City; State; Zip Code [Redacted] CC TX, 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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)
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 | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: <u>8</u>	2 FILER NAME <u>CAROLYN VAUGHN</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>7-8-24</u>	5 Payee name <u>Steve Ray Associates</u>	
6 Amount (\$) <u>2,000</u>	7 Payee address; City; State; Zip Code <u>Box 742 CC TX. 78403</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>consulting</u>	(b) Description
	(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	Office sought Office held
Date <u>7-8-24</u>	Payee name <u>Milestone Collaborative Systems</u>	
Amount (\$) <u>1,500</u>	Payee address; City; State; Zip Code <u>3522 S. Alameda CC TX. 78411</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>consulting</u>	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 <u>7-11-24</u>	Payee name <u>DJ Events</u>	
Amount (\$) <u>500.⁰⁰</u>	Payee address; City; State; Zip Code <u>4981 Andover Dr. CC TX. 78411</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Adv.</u>	Description <u>Video</u>
	<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 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 | 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: 8	2 FILER NAME CAROLYN VAUGHN	3 Filer ID (Ethics Commission Filers)
4 Date 7-19-24	5 Payee name Eddie Seal Photos	
6 Amount (\$) 433.00	7 Payee address; City; State; Zip Code 506 - Paradise DR. CC TX. 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv.	(b) Description photos
	(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	Office sought Office held
Date 7-9-24	Payee name Railroad Seafood	
Amount (\$) 1,757.25	Payee address; City; State; Zip Code 1214 - N. Chaparra CC TX. 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Announcement
	<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 7-23-24	Payee name Enlightened Images	
Amount (\$) 1,775	Payee address; City; State; Zip Code 334 PEERMAN PL. CC TX. 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) adv.	Description photos-vided
	<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 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 | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 8	2 FILER NAME CAROLYN VAUGHN	3 Filer ID (Ethics Commission Filers)
4 Date 8-5-2024	5 Payee name Grunwald Printing Co	
6 Amount (\$) 2,154.19	7 Payee address; City; State; Zip Code 1418 Morgan Corpus Christi, TX. 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 8-9-2024	Payee name Steve Ray Associates Corpus Christi, TX. 78403	
Amount (\$) 2,000	Payee address; City; State; Zip Code Box 742 Corpus Christi TX,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 8-14-2024	Payee name Milestone Collaborative	
Amount (\$) 438.12	Payee address; City; State; Zip Code 3522 S. Adamedia Corpus Christi TX. 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) adv.	Description advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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: 8		2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)	
4 Date 8-16-24		5 Payee name Milestone Collaborative			
6 Amount (\$) 1,500		7 Payee address; City; State; Zip Code 3522 S. Alameda Cooper Creek TX, 78411			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description consulting		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-3-24		Payee name Neely Printing			
Amount (\$) 678.50		Payee address; City; State; Zip Code 1011 LA. Ave CC, TX, 78404			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.		Description Hand outs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-3-24		Payee name Cooper Outdoor Adv.			
Amount (\$) 1,200		Payee address; City; State; Zip Code 115 Wood St CC TX. 78401			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.		Description Billboard		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 8	2 FILER NAME CARDOLYN VAUGHN	3 Filer ID (Ethics Commission Filers)
4 Date 9-4-2024	5 Payee name Steve Ray ASSOC	
6 Amount (\$) 2,000	7 Payee address; City; State; Zip Code Box 742 Corpus Christi TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description
	(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	Office sought Office held
Date 9-4-2024	Payee name MILESTONE COLLABORATIVE	
Amount (\$) 1,500	Payee address; City; State; Zip Code 3522 S. Alameda Corpus Christi TX, 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	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 9-4-2024	Payee name cc Fire Fighters Assoc	
Amount (\$) 1,000	Payee address; City; State; Zip Code CORPUS CHRISTI TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.	Description SPONSOR
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 8	2 FILER NAME Carolyn Vaughn	3 Filer ID (Ethics Commission Filers)
4 Date 9-8-24	5 Payee name Gulf Coast Printing	
6 Amount (\$) 1,029.51	7 Payee address; City; State; Zip Code P.O. Box 9312 Corpus Christi, TX. 78469	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv.	(b) Description Door Hangers
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-8-24	Payee name Fleet Feet		
Amount (\$) 650.00	Payee address; City; State; Zip Code 1412 Airline Rd. Corpus Christi, TX. 78412		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.	Description T-shirts	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-24-2024	Payee name Enlightened Images		
Amount (\$) 1,750	Payee address; City; State; Zip Code 334 Peerman Pl. Corpus Christi, TX. 78411		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.	Description Video	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: <u>8</u>	2 FILER NAME <u>CAROLYN SAUGHN</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9-24-24</u>	5 Payee name <u>Padre Island Business Assoc.</u>	
6 Amount (\$) <u>225.00</u>	7 Payee address; City; State; Zip Code <u>14493 SPID Ste A PMB 313 Corpus Christi TX. 78418</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Adv.</u>	(b) Description
	(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	Office sought Office held
Date <u>9-24-24</u>	Payee name <u>The Padre Island</u>	
Amount (\$) <u>275.00</u>	Payee address; City; State; Zip Code <u>14493 SPID Ste A - PMB 222 Corpus Christi TX. 78418</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Adv</u>	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 <u>9-27-24</u>	Payee name <u>Milestone Collaborative</u>	
Amount (\$) <u>135.00</u>	Payee address; City; State; Zip Code <u>3522 S. Alameda Corpus Christi TX. 78411</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Bev Exp.</u>	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME Cameron Vaughn	3 Filer ID (Ethics Commission Filers)
4 Date 9-30-24	5 Payee name Fleet Feet	
6 Amount (\$) 405. ⁴⁴	7 Payee address; City; State; Zip Code 1412 Avilene RD. Corpus Christi TX. 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv.	(b) Description T-Shirts
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-26-24	Payee name Boot, Scoot & Roll 'em	
Amount (\$) 500. ⁰⁰	Payee address; City; State; Zip Code Boot, Scoot & Roll 710 E. Main Robertson TX. 78380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donations	Description Newspaper 4-H
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-3-24	Payee name Cooper Outdoor ADV	
Amount (\$) 1,169. ¹⁰	Payee address; City; State; Zip Code 115 Waco CC TX. 78701-3030	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) adv.	Description Bill board
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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