# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

Т	he C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
	CANDIDATE / OFFICEHOLDER	ms / mrs / mr First Paulette	МІ	OFFICE USE ONLY
	NAME			Date Received
		Guajardo		במבלעולמו
- (	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 6409 Fumay Corpus Christi, TX 78414	CITY; STATE; ZIP CODE	Date Filed 10/11/2022
	Change of Address			Rebecca Huerta
,	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361 ) 834-4125	EXTENSION	Date Hamildelivered or Date Platmarked
	CAMPAIGN TREASURER	ms / mrs / mr First Sallie	МІ	Receipt # Amount \$
	NAME	Salile 		Date Processed
		Ohmstede	33.1 %	Date Imaged
	CAMPAIGN TREASURER ADDRESS esidence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI  242 Circle Drive  Corpus Christi, TX 78411	JITE #; CITY; STATE;	ZIP CODE
	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713 ) 202-8132	EXTENSION	
9	REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
		July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10	PERIOD COVERED	Month Day Year	Month	Day Year
	COVERED	07 / 01 / 2022	тнвоидн 09 /	29 / 2022
11	ELECTION	ELECTION DATE  Month Day Year Primary  11 08 2022 General	ELECTION TYPE  Runoff Other Description Special	
12	OFFICE	OFFICE HELD (if any)  Mayor	13 OFFICE SOUGHT (if known Mayor	1)
		GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
PAU	LETTE GUAJ	ARDO	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH JRES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	31 201110		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			*
17 CONTRIBUTION	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 ON LESS (OTHER THAN   A ITEM 17ED		
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
	2. TOTAL POLITICAL CONTRIBUTIONS \$ 52,025,00		
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 52,925.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ ITEMIZED
TOTALS	UNLES	S ITEMIZED	Ψ11 CIVII2CD
	4. TOTAL	POLITICAL EXPENDITURES	\$ 33,648.22
			· · · · · · · · · · · · · · · · · · ·
BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	<sup>T DAY</sup>   \$ 86,215.05
OUTSTANDING	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF	THE A FO OFO OO
LOAN TOTALS	LAST D	AY OF THE REPORTING PERIOD	\$ 59,050.00
18 AFFIDAVIT			
			perjury, that the accompanying report is
	IKA S. VILLANUEV	under Title 16 Flection Code	formation required to be reported by me
	y Public, State of Te m. Expires 07-10-20	exas ( )	
	otary ID 12029832		Myaray
		Signature of Ca	ndidate or Officeholder
AFFIX NOTARY STAM	MP/SEALABOVE		
_		by the said PAULETTE GUAJARDO	, this the
Sworn to and subso		by the card	
day of CODE	<b>~</b>	to certify which, witness my hand and seal of office	<b>).</b>
WWW W	Melle	Erika S. Villanueva	Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Con	nmission Filers)
	PAULETTE GUAJARDO		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$46,425.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$6,500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$33,648.22
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	. CONTRIBUTIONS	\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	JTIONS	\$
<b>—</b>			

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. ITEMIZED 3 Filer ID (Ethics Commission Filers) 2 FILER NAME PAULETTE GUAJARDO 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ City; State; Zip Code 6 Contributor address; 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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	PA	PAULETTE GUA	TE	GUAJARDO CAMPAIGN	CAMI	AIG	N.
2022			CONTRIBUT	RIBUTORS (SCHEDULE A1)	E A1)		
CONTRIBUTOR	AMOUNT		DATE	ADDRESS	CITY	STATE	ZIP
Alan R. Wilson	\$ 50	500.00 7/:	7/1/2022	445 Delaine	22	ヹ	78411
William Durrill	\$ 2,500.00		7/2/2022	22 Hewit Drive	22	XL	78404
Perkins & Perkins	\$ 50	500.00 7/7	7/7/2022	223 Baldwin	22	XL	78405
Cypress Point Capital LLC	\$ 50	500.00 7/1	7/10/2022	14 West Bar Le Doc	22	XT	78414
Phantom Canyon Investments LLC	\$ 50	500.00 7/1	7/10/2022	61 W Bar Le Doc Drive	22	XT	78414
Abel Herrero	\$ 50	500.00 7/1	7/10/2022	261 Saratoga Blvd	СС	ΤX	78417
Max Underground Consruction LLC	\$ 1,000.00		7/21/2022	P O Box 271106	CC	ΤX	78427
Mr. & Mrs. Will Klatt	\$ 1,000.00		7/27/2022	P O Box 338	CC	ΤX	78372
Valero Political Action Committee	\$ 1,500.00		8/16/2022	P O Box 696000	CC	ΤX	78269
Valero Political Action Committee	\$ 1,000.00		8/18/2022	P O Box 696000	CC	ΧT	78269
John D. Orr	\$ 200	200.00 8/2	8/29/2022	P O Box 90	CC	XI	78347
Karen O'Connor Urban	\$ 5,000.00		8/21/2022	4110 Ocean Drive	CC	XT	78411
Manuel Lujan	\$ 2!	25.00 8/2	8/21/2022	123 Cordula Street	CC	XL	78411
Miguel Deleon	\$ 100	100.00 9/2	9/2/2022	4900 Greenbriar Drive	CC	XT	78413
Manuel Lujan	\$ 2!	25.00 9/2	9/2/2022	123 Cordula Street	CC	XT	78411
Felix Ocanas	\$ 100	100.00 9/3	9/3/2022	5001 Oakmont Dr.	СС	XT	78413
Prakash Patel	\$ 5(	50.00 9/3	9/3/2022	15378 SPID	СС	XL	78418
Gary Leach	\$ 2!	25.00 9/3	9/3/2022	5809 English Lane	СС	ΤX	78414
Tommy Wimberly	\$ 2,000.00		9/6/2022	344 Palmetto Street	СС	XT	78412
Pamela Brower	\$ 500	500.00 9/6	9/6/2022	14901 Santa Gertrudis Dr	СС	XT	78410
Tommy Wimberly	\$ 1,000.00		9/12/2022	344 Palmetto Street	СС	XL	78412
Mary Peterson	\$ 100	100.00 9/1:	9/13/2022	210 Naples Street	СС	XT	78404
Ben Donnell	\$ 250	250.00 9/1	9/14/2022 2	205 Jackson Place	СС	ΤX	78411
JC Hooper	\$ 500	500.00 9/14	9/14/2022 F	P O Box 181111	CC	XT	78480
Cheri Sperling	\$ 1,000.00		9/14/2022 1	15398 Carvel Drive	СС	TX	78418
Kenneth Polk	\$ 1,000.00	***************************************	9/14/2022 4	4702 Tuscan Way	CC	X	78410

Shalisi Nassar BU D	\$ 500.00	9/14/2022	4949 Ocean Drive	33	X	78412
Mary Beard Scruton		9/14/2022	134 Riverdale	33	ΧT	78418
Gloria Hicks	\$ 300.00	9/14/2022	5226 Greenbriar	CC	XT	78415
Bonilla Investments	\$ 1,000.00	9/16/2022	P O Box 5080	CC	ΤX	78465
Angelica Calderon	\$ 2,500.00	9/16/2022	P O Box 1995	СС	XT	78404
Wilson Almonte	\$ 2,500.00	9/20/2022	3027 Cason Street	HOUSTON	ΤX	77005
Gowan Elizondo LLP	\$ 2,500.00	9/21/2022	555 N. Carancahua Ste. 1400	СС	ΤX	78401
Manuel Green	\$ 2,500.00	9/21/2022	13928 Hughes Lane	DALLAS	XT	75240
Eduardo de Lachica III	\$ 2,500.00	9/21/2022	6309 Skyline Drive	HOUSTON	ΤX	77057
Eduardo de Lachica III	\$ 2,500.00	9/21/2022	6309 Skyline Drive	HOUSTON	ΤX	77057
Nadar Karimi	\$ 1,000.00	9/22/2022	P O Box 10306	СС	ΤX	78460
Eugene Cran	\$ 250.00	9/23/2022	4901 Ocean Drive	СС	Τ̈́	78412
Bhakti Sooda	\$ 5,000.00	9/23/2022	3 Great Lakes Drive	CC	Τ̈́	78413
J Ted Oakley	\$ 300.00	9/23/2022	2105 B Exposition Blvd	Austin	7X	78703
Diane Gates	\$ 500.00	9/25/2022	500 N. Shoreline, Ste. 1101	СС	Ţ,	78401
W H Hammonds II	\$ 1,000.00	9/27/2022	4418 Ocean Drive	СС	X	78412
Total to Date	\$ 46,425.00					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	Դ.	1 Total pages Schedule A2: ITEMIZED
2 FILER NAM	PAULETTE GUAJARDO		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor	)	8 Amount of . 9 In-kind contribution Contribution \$ . description
	7 Contributor address; City; State; Zip Coo	 le	
10 Principal occ	Dupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	ver (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contrib	outor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Co	ode	
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDICIAL) (See Instructions)
Contributor	s principal occupation (FOR JUDICIAL)	Contril	outor's job title (FOR JUDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law fi	rm of contributor's spouse (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

3033	PAUL	PAULETTE GUAJA	GUAJARI	000	RDO CAMPAIGN	AIGN
7707	Z	IN KIND - CONTRIBUT	ONTRIBUTOR	S (SCH	TORS (SCHEDULE A2)	
LENDER	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
Liz Durrill	\$ 2,500.00	9/14/2022	22 Hewitt Dr.	СС	٦	78404
Melanie Jennings	\$ 4,000.00	4,000.00 9/22/2022	3825 Ocean Dr.	CC	ヌ	78404
Total to Date	\$ 6,500.00					

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. NONE 3 Filer ID (Ethics Commission Filers) 2 FILER NAME PAULETTE GUAJARDO 4 TOTAL OF UNITEMIZED PLEDGES \$ 9 In-kind contribution out-of-state PAC (ID#:\_ 8 Amount 5 Date 6 Full name of pledgor of Pledge \$ description City; State; Zip Code 7 Pledgor address; Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Amount In-kind contribution Date Full name of pledgor ut-of-state PAC (ID#:\_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution ut-of-state PAC (ID#:\_ Full name of pledgor Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor out-of-state PAC (ID#:\_ Date description Pledge \$ City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. NONE 2 FILER NAME 3 Filer ID (Ethics Commission Filers) PAULETTE GUAJARDO 4 TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender out-of-state PAC (ID#:\_\_\_ 9 Loan Amount (\$) 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Υ Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION City; 18 Guarantor address; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender ut-of-state PAC (ID#:\_ Interest rate Is lender City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) Name of guarantor **GUARANTOR** INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F1:	<sup>2</sup> FILER NAME PAULETTE GUAJARD	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name ITEMIZED	
Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

		PAUL	PAULETTE GUAJARDO C	RDO CAMPAIGN
2202			VENDOR EXPENSES (SCHEDULE F1)	LE F1)
EXPENSES	AMOUNT	DATE	CATEGORY/PURPOSE	ADDRESS
Google Suite	\$ 25.58	7/5/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Google	\$ 24.35	7/5/2022	Campaign Expense - Email Account	1600 Amphitheatre Pkwy, Mountain View, CA 94043
Katz Restaurant	\$ 1,876.22	7/5/2022	Campaign Expense - Fundraiser	5702 Spohn Drive, CCTX 78414
Dreamers & Walkers	\$ 6,000.00	7/5/2022	Campaign Expense - Political Consulting	622 Bermuda, CCTX 78411
Brave Shine Photos	\$ 216.00	7/6/2022	Campaign Expense - Photos	4321 Philippine Drive, CCTX 78411
Iconic Signs	\$ 81.19	7/3/2022	Campaign Expense - Signs	P O Box 271483, CCTX 78427
Dreamers & Walkers	\$ 7,200.00	7/22/2022	Campaign Expense - Political Consulting - Email Accounts	622 Bermuda, CCTX 78411
City of Corpus Christi	\$ 100.00	7/26/2022	Campaign Expenase - Gen Election Application Fee	1201 Leopard Street, CCTX 78401
American Bank	\$ 1.75	7/29/2022	Campaign Expenase - Bank Paper Fee	P O Box 6469, CCTX 78466
Dreamers & Walkers	\$ 14,900.00	8/8/2022	Campaign Expense - Political Consulting & Signs	622 Bermuda, CCTX 78411
Amy Koch	\$ 229.54	8/22/2022	Campaign Expense - Reimbursement Invites	401 Coral Place, CCTX 78411
Walmart	\$ 63.07	8/22/2022	Campaign Expense - Zip Ties	6101 Saratoga Blvd, CCTX 78401
USPS	\$ 120.00	8/22/2022	Campaign Expense - Flag Coils	802 N. Tancahua Street, CCTX 78401
American Bank	\$ 1.75	8/31/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CCTX 78466
Anedot	\$ 667.50	9/15/2022	Campaign Expense - Transaction Fee	1340 Pydras St, Ste 1770, New Orleans, LA 70112
Roland Garza	\$ 500.00	9/16/2022	Campaign Expense - Advertisting	2209 NPID, CCTX 78408
Padre Island Bus Association	\$ 350.00	9/19/2022	Campaign Expense - Banners	14493 SPID, Ste. A-313, CCTX 78418
Mail Center USA	\$ 582.29	9/22/2022	Campaign Expense - Fundraiser	3636 S. Alameda, Ste. B, CCTX 78411
Gulf Coast Mailing & Printing	\$ 146.14	9/27/2022	Campaign Expense - Card Stock	P O Box 9312, CCTX 78469
Padre Island Bus Association	\$ 350.00	9/28/2022	Campaign Expense - Banner Sponsor	14493 SPID, Ste. A-313, CCTX 78418
Arrow Display Signs	\$ 211.09	9/28/2022	Campaign Expense - Signs	1343 S. Staples, CCTX 78404
American Bank	\$ 1.75	9/29/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CCTX 78466
Total to Date	\$ 33,648.22			

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

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

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District		
Contributions/Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)		
Canada a construction of the construction of t	_	ins how to complete this form.	Carlot (order a dategory not noted above)		
1 Total pages Schedule F2:	2 FILER NAME PAULETTE G	UAJARDO	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL		\$ -0-		
5 Date	6 Payes name				
3 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
9 TYPE OF EXPENDITURE	Political [	Non-Political			
10	(a) Category (See Categories listed at the top of	this schedule) (b) Descripti	on		
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE					
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date Payee name					
Amount (\$) Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE Political Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED		

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

	Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: NONE
2	FILER NAME	PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
4	Date	5 Name of person from whom investment is purchased	
		6 Address of person from whom investment is purchased; City	
		7 Description of investment	
		8 Amount of investment (\$)	
	Date	Name of person from whom investment is purchased	
		Address of person from whom investment is purchased; City	y; State; Zip Code
		Description of investment	
		Amount of investment (\$)	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: PAULETTE GUAJARDO 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ -0-6 Payee name 8 Payee address; City; State; Zip Code 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) PAULETTE GUAJARDO 4 Date 5 Payee name NONE 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) PAULETTE GUAJARDO 4 Date Business name NONE 6 Amount (\$) Business address: City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name City; State; Zip Code Amount (\$) Business address: Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description \_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule I:	2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name NONE	
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.)

# 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 N	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	z; 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	· · · · · · · · · · · · · · · · · · ·
	Purpose for which amount is received Check if	f 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	
	Purpose for which amount is received	if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

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

### SCHEDULE T

The Instruc	tion Guide explain	s how to complete thi	s form.	1 Total pages Schedule T:		
2 FILER NAME	<del></del>	3 Filer ID (Ethics Commission Filers)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expendit Schedule A2 Schedule F2	ure reported on: Schedule B Schedule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
6 Dates of travel	s of travel 7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city of	r name of destination lo	cation			
10 Means of transportation	on <b>11</b> Pur	pose of travel (including	name of conference, s	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expendi	Contribution / Expenditure reported on:					
Schedule A2	Schedule B	☐ Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling						
	Departure city o	name of departure loca	tion			
	Destination city	or name of destination lo	ocation			
Means of transportati	on Pu	rpose of travel (including	name of conference,	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported on:					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F	Schedule G	Schedule H	Schedule COH-UC 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 transporta	tion Pu	rpose of travel (including	g 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	IAME 2 Filer ID (Ethics Commission Filers)			
SIGN	TURE			
ing a r	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file.			
	Signature of Candidate / Officeholder			
	NWHO IS NOT AN OFFICEHOLDER  Inplete A & B below only if you are not an officeholder. ••			
A.	CAMPAIGN FUNDS			
Che	ck 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.			
В.	ASSETS			
Che	ck 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			
	CEHOLDER  Implete this section <i>only</i> 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			