# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| · · · · · · · · · · · · · · · · · · ·                         |   |                                       |  |
|---|---|---------------------------------------|--|
| The C/OH Instruction G  | uide explains how to complete this form.  | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR FIRST Paulette NICKNAME LAST  | MI                                    | OFFICE USE ONLY  Date Received   |
|   | Guajardo  |                                       | Date Filed 1/13/2021   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS           | ADDRESS / PO BOX; APT / SUITE #: 6409 Fumay Corpus Christi, TX 78414                  | CITY; STATE; ZIP CODE                 | Rebecca Huerta   |
| Change of Address   |   |                                       | City Secretary   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | ( 361 ) 688-9399  | EXTENSION                             | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER                                       | ms/mrs/mr First Sallie  | МІ                                    | Receipt # Amount \$  |
| NAME  | NICKNAME LAST   |                                       | Date Processed   |
|   | Ohmstede  |                                       | Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | street address (NO PO BOX PLEASE); APT / S  242 Circle Drive Corpus Christi, TX 78411 | SUITE #; CITY; STATE;                 | ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER (713 ) 202-8132  | EXTENSION                             |  |
| 9 REPORT TYPE   | January 15 30th day before  July 15 8th day before el                                 |                                       | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR) |
|   |   |                                       |  |
| 10 PERIOD   | Month Day Year  | Month                                 | Day Year   |
| COVERED   | 12 / 08 / 2020  | THROUGH 12/                           | / 31 / 2020  |
| 11 ELECTION   | BLECTION DATE  Month Day Year Primary  12 / 15 / 2020 Genera                          | Description                           |  |
| 12 OFFICE   | OFFICE HELD (if any) City Council at Large  | 13 OFFICE SOUGHT (if know Mayor       | n)   |
|   | GO TO   | PAGE 2                                |  |

SCANNED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME  |   | 1   | 15 Filer ID (Ethics Commission Filers)   |  |  |
|---|---|---|--|--|--|
| PAL   | ILETTE GUAJ   | ARDO  |  |  |  |
| 16 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)   | SUPPORT THE CAND  | OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI<br>IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W<br>NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH<br>JRES. | ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S |  |  |
|   | COMMITTEE TYPE  | COMMITTEE NAME  |  |  |  |
|   | GENERAL   |   |  |  |  |
|   | SPECIFIC  | COMMITTEE ADDRESS   |  |  |  |
|   |   |   |  |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |  |
| Additional Pages  |   |   |  |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |  |  |
|   |   |   |  |  |  |
| 17 CONTRIBUTION TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  \$ ITEMIZED  |   |   |  |  |  |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 24,929.00  |   |   |  |  |  |
| EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ ITEMIZED  |   |   |  |  |  |
|   | 4. TOTAL POLITICAL EXPENDITURES \$27,195.00  CONTRIBUTION 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 12, 242, 42 |   |  |  |  |
| CONTRIBUTION<br>BALANCE   | of REPORTING PERIOD \$ 3,812.12   |   |  |  |  |
| 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  |   |   | ·  |  |  |
| 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 1tle 15. Election Code. |   |   |  |  |  |
| ERIKA S. VILLANUEVA Notary Public, State of Texas Comm. Expires 07-10-2024  under Tytle 15, Election Code.  Under Tytle 15, Election Code.  Signature of Candidate or Officeholder                    |   |   |  |  |  |
| AFFIX NOTARY STAN   | Notary ID 1202983   | 2   |  |  |  |
|   |   | by the gold PAULETTE GUAJARDO   | , this the                               |  |  |
| Sworn to and subso  | 00  | to certify which, witness my hand and seal of office  | •  |  |  |
| Palilla   | wasta   | 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 Com | nmission Filers)        |
|-----|--|-------------------------|-------------------------|
|     | PAULETTE GUAJARDO  |                         |                         |
|     | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |                         | SUBTOTAL<br>AMOUNT      |
| 1.  | X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |                         | <sup>\$</sup> 23,951.00 |
| 2.  | X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  |                         | \$1,978.00              |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                         | \$                      |
| 4.  | X SCHEDULE E: LOANS  |                         | \$5,000.00              |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO   | ONTRIBUTIONS            | \$27,195.00             |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |                         | \$                      |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL   | . CONTRIBUTIONS         | \$                      |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |                         | \$                      |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL 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 CONTRIBL RETURNED TO FILER  | ITIONS                  | \$                      |
|     | Control of the Contro |                         |                         |

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

|                | In the state of th | A CONTRACTOR OF THE STATE OF TH | 1 Total pages Schedule A1:            |
|----------------|--|--|---------------------------------------|
| 44             | Instruction Guide explains how   | to complete this form.   | ITEMIZED                              |
| FILER NAME     | PAULETTE GUAJARD   | 00   | 3 Filer ID (Ethics Commission Filers) |
| Date           | 5 Full name of contributor   | Out-of-state PAC (ID#:   | 7 Amount of contribution (\$)         |
|                |  | City; State; Zip Code  |                                       |
| Principal occu | pation / Job title (See Instructions)  | <b>9</b> Employer (  | See Instructions)                     |
| Date           | Full name of contributor   | out-of-state PAC (ID#:   | Amount of contribution (\$)           |
|                |  | City; State; Zip Code  |                                       |
| Principal occu | <br>palion / 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 occu | pation / 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 occu | pation / 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.

| W w w w w w w w w w w w w   | CONTE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  D.00 | CONTRIBUTORS (schebule A1)           ADDRESS         CITY         STATE         ADDRESS           250.00         12/9/2020         15341 Isabella Ct         CC         TX         78           1,500.00         12/9/2020         1234 Cornerstone Dr         CC         TX         78           2,500.00         12/9/2020         819 Holston         Bellaire         TX         78           2,500.00         12/9/2020         802 N. Carancahua, Ste. 900         CC         TX         78           400.00         12/9/2020         6118 Maramet Dr.         CC         TX         77           500.00         12/10/2020         5515 Saratoga         CC         TX         77           500.00         12/10/2020         7414 Trail Creek Dr         CC         TX         77           2,500.00         12/10/2020         4920 Ocean Drive         CC         TX         77 | <b>Ε 41)</b> CITY  CC  CC  CC  CC  CC  CC  CC  CC  CC | STATE                                       | ZIP<br>78418<br>78418<br>77401<br>78401<br>78414<br>78413 |
|---|---|--|---|---|---|
| CONTRIBUTOR         AMOUN           c         1,           c         2,           tring         \$         1,           tes         \$         2,           regan         \$         2,           son         \$         1,           bera Sico         \$         1,           ff. Assoc.         \$         1,           vn         \$         1,           Sumley Dunn Blair         \$         1,           Sumley Dunn Blair         \$         1,   |   | ADDRESS  15341 Isabella Ct 1234 Cornerstone Dr 819 Holston 802 N. Carancahua, Ste. 900 6118 Maramet Dr. 5515 Saratoga 7414 Trail Creek Dr  | CC                | STATE X X X X X X X X X X X X X X X X X X X | 78418<br>78418<br>77401<br>78401<br>78414<br>78413        |
| tring \$ 1, tring \$ 2, tring \$ 2, tres tes son Son Figan Son Son Son Son Son Son Son Son Son So   |   | 15341 Isabella Ct 1234 Cornerstone Dr 819 Holston 802 N. Carancahua, Ste. 900 6118 Maramet Dr. 5515 Saratoga 7414 Trail Creek Dr   | CC                |   | 78418<br>78418<br>77401<br>78401<br>78414<br>78413        |
| tring \$ 1,  tring \$ 2,  tring \$ 2,  tres \$ 2,  son \$ 5 1,  bera Sico \$ 1,  ff. Assoc. \$ 1,  swn \$ 5   |   | 15341 Isabella Ct 1234 Cornerstone Dr 819 Holston 802 N. Carancahua, Ste. 900 6118 Maramet Dr. 5515 Saratoga 7414 Trail Creek Dr   | CC                | * * * * * * * * *                           | 78418<br>78418<br>77401<br>78401<br>78414<br>78413        |
| tes \$ 1, tes \$ 2, tes \$ 2, tes \$ 2, tes \$ 5 tes \$ 5 tes \$ 5 tes \$ 1, tes \$   |   | 1234 Cornerstone Dr 819 Holston 802 N. Carancahua, Ste. 900 6118 Maramet Dr. 5515 Saratoga 7414 Trail Creek Dr   | Bellaire<br>CC<br>CC<br>CC<br>CC                      | * * * * * * * *                             | 78418<br>77401<br>78401<br>78414<br>78413                 |
| ring \$ 2,  tes \$ 2,  tes \$ 2,  tes \$ 5  rgan \$ 5  son \$ 5  the son \$ 1,  The Assoc. \$ 1,  the Assoc. \$ 5  the son \$ 5  the  |   | 819 Holston 802 N. Carancahua, Ste. 900 6118 Maramet Dr. 5515 Saratoga 7414 Trail Creek Dr   | Bellaire<br>CC<br>CC<br>CC<br>CC                      | * * * * * *                                 | 77401<br>78401<br>78414<br>78413                          |
| \$ \$ \$ \ \$ \ \$ \$ \ |   | 802 N. Carancahua, Ste. 900 6118 Maramet Dr. 5515 Saratoga 7414 Trail Creek Dr   | 888888  | * * * * *                                   | 78401 78414 78413   |
| \$ \$ 2, 0unn Blair \$ \$ 11, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,   |   | 6118 Maramet Dr.<br>5515 Saratoga<br>7414 Trail Creek Dr<br>4920 Ocean Drive   | 8888  | X X X X                                     | 78414   |
| \$ \$ 2, 0 \$ \$ 11, 0 \$ \$ \$ 11, 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |   | 5515 Saratoga<br>7414 Trail Creek Dr<br>4920 Ocean Drive   | 8 8 8   | XXX   | 78413   |
| \$ \$ 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,  |   | 7414 Trail Creek Dr<br>4920 Ocean Drive  | ე ე   | XX  |   |
| \$ 2,<br>\$ 1,<br>\$ 1,<br>\$ 0unn Blair \$   |   | 4920 Ocean Drive   | ខ   | ¥   | /8414   |
| 5 1, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,  |   |  |   | <u> </u>                                    | 78412   |
| \$ 1, \$ 1, ounh Blair \$ 5   |   | 19 Hewit Drive   | ႘   | ¥   | 78404   |
| \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |   | 1939 NE Loop 410, Ste. 300   | SA  | ¥   | 78217   |
| w w -   | 1.00 12/10/2020   | 13773 Eaglesnest Bay   | ខ   | ¥   | 78414   |
|   | 0.00 12/11/2020   | 13574 Camino De Plata Ct   | ე   | ¥   | 78418   |
| 7   | 0.00 12/14/2020   | 123 N. Carriso St.   | ე   | ¥   | 78401   |
| Mirabal Montalvo & Associates   \$ 1,000.00   | 0.00 12/14/2020   | 5702 S. Staples, Ste. E-1  | ည   | ¥   | 78413   |
| Zeba \$ 1,000.00  | 0.00 12/14/2020   | P O Box 3696   | ე   | ¥   | 78403   |
| Theodore Dimopoulos \$ 250.00   | 0.00 12/14/2020   | 5702 Spohn Drive   | )<br>)  | ¥   | 78413   |
| Frank Lazarte \$ 500.00   | 0.00 12/14/2020   | 924 Leopard  | SS  | ×   | 78401   |
| Kira Bonesteel \$ 1,000.00  | 0.00 12/14/2020   | 8642 King Ranch Dr   | 2)  | ×   | 78414   |
| Clay Binford \$ 500.00  | 0.00 12/17/2020   | 312 Petersburg   | Castroville   | ×   | 78009   |
| ke Jr.  | 0.00 12/17/2020   | 36 Hewitt Dr   | ))  | ×   | 78404   |
| Kenneth Berry \$ 5,000.00   | 0.00 12/22/2020   | P O Box 868  | သ   | ¥   | 78403   |
| st  | 0.00 12/22/2020   | 4466 Ocean Drive   | သ   | ¥   | 78412   |
|   | 0.00 12/28/2020   | 1242 Grand Canal Drive   | SS  | ¥   | 78418   |
|   |   |  |   |   |   |
| Total to Date \$ 23,951.00  | 00  |  |   |   |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

| Th                | e Instruction Guide explains how to complete this form      | 1.                | 1 Total pages Schedule A2: ITEMIZED                            |
|-------------------|---|-------------------|--|
| 2 FILER NAME      | 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 ☐ out-of-state PAC (ID#:         |                   | 8 Amount of 9 In-kind contribution Contribution \$ description |
|                   | 7 Contributor address; City; State; Zip Cod                 | e                 | Check if travel outside of Texas. Complete Schedule T.         |
| 10 Principal occ  | upation / Job title (FOR NON-JUDICIAL) (See Instructions)   | <b>11</b> Employe | er (FOR NON-JUDICIAL)(See Instructions)                        |
| 12 Contributor's  | principal occupation (FOR JUDICIAL)                         | 13 Contribu       | utor's job title (FOR JUDICIAL) (See Instructions)             |
| 14 Contributor's  | employer/law firm (FOR JUDICIAL)                            | 15 Law firm       | n 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                                    | )                 | Amount of . In-kind contribution Contribution \$ . description |
|                   | Contributor address; City; State; Zip Co                    |                   | Check if travel outside of Texas. Complete Schedule T.         |
| Principal occ     | cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  | Employ            | er (FOR NON-JUDICIAL)(See Instructions)                        |
| Contributor's     | s principal occupation (FOR JUDICIAL)                       | Contrib           | utor's job title (FOR JUDICIAL) (See Instructions)             |
| Contributor's     | s employer/law firm (FOR JUDICIAL)                          | Law firr          | n of contributor's spouse (if any) (FOR JUDICIAL)              |
| If contributo     | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                   |  |
|                   |   |                   |  |
|                   |   |                   |  |
|                   |   |                   |  |
|                   |   |                   |  |
|                   |   |                   |  |
|                   |   |                   |  |
|                   | ATTACH ADDITIONAL COPIES OF                                 | THIS SCHED        | DULE AS NEEDED   |
| 1                 | f contributor is out-of-state PAC, please see instruction   |                   |  |

Revised 9/8/2015

| 0000                | I           | PAULETTE GUAJARDO CAMPAIGN | GUAJA                            | RDO CA              | MP   | AIG        | ×     |
|---------------------|-------------|----------------------------|----------------------------------|---------------------|------|------------|-------|
| 7070                |             | IN KIND - C                | IND - CONTRIBUTORS (SCHEDULE A2) | ORS (SCHEDUL        | E AZ | 1          |       |
| CONTRIBUTOR         | AMOUNT      | DATE                       | PURPOSE                          | ADDRESS             | CITY | CITY STATE | ZIP   |
| Ray Hernandez       | \$ 228.00   | 12/10/2020                 | Signs                            | 4223 S. Alameda     | သ    | XT         | 78412 |
| Gulf Coast Graphics | \$ 1,000.00 | 12/11/2020                 | Van Wrap                         | 014S 8E8            | သ    | ΧT         | 78416 |
| Scott Corliss       | \$ 750.00   | 12/11/2020                 | Truck A Frame                    | 1234 Cornerstone Dr | သ    | ΥX         | 78418 |
|                     |             |                            |                                  |                     |      |            |       |
|                     |             |                            |                                  |                     |      |            |       |
|                     |             |                            |                                  |                     |      |            |       |
| Total to Date       | \$1,978.00  |                            |                                  |                     |      |            |       |

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### PLEDGED CONTRIBUTIONS

### SCHEDULE B

| Т            | he Instruction Guide explains how to complete this form.    | 1 Total pages Scheo  | dule B:                               |
|--------------|---|--|---------------------------------------|
| FILER NAM    | PAULETTE GUAJARDO   | 3 Filer ID (Ethics (   | Commission Filers)                    |
| TOTAL (      | OF UNITEMIZED PLEDGES                                       | \$   |                                       |
| Date         | 6 Full name of pledgor  uut-of-state PAC (ID#:              | 3 Amount of Pledge \$  | . 9 In-kind contribution description  |
|              | 7 Pledgor address; City; State; Zip Code                    |  | •                                     |
|              |   |  | :<br>side of Texas. Complete Schedule |
| Principal o  | occupation / Job title (See Instructions)  11 Employer (See | e Instructions)  |                                       |
| Date         | Full name of pledgor  | Amount of Pledge \$  | In-kind contribution description      |
|              | Pledgor address; City; State; Zip Code                      |  | ·<br>·                                |
|              |   | Check if travel out  | side of Texas. Complete Schedule      |
| Principal od | ccupation / Job title (See Instructions) Employer (So       | ee Instructions)   |                                       |
| Date         | Full name of pledgor  | Amount of Pledge \$  | . In-kind contribution description    |
|              | Pledgor address; City; State; Zip Code                      |  | •                                     |
|              |   | Check if travel ou   | Iside of Texas. Complete Schedule     |
| Principal o  | occupation / Job title (See Instructions) Employer (S       | ee Instructions)   |                                       |
| Date         | Full name of pledgor  | _) Amount of Pledge \$   | In-kind contribution<br>description   |
|              | Pledgor address; City; State; Zip Code                      |  |                                       |
|              |   | Check if travel ou   | tside of Texas. Complete Schedul      |
| Principal o  | ccupation / Job title (See Instructions) Employer (S        | ee Instructions)   |                                       |
|              |   | Milana and a second a second and a second an |                                       |
|              |   |  |                                       |
|              |   |  |                                       |
|              |   |  |                                       |
|              |   |  |                                       |

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. **ITEMIZED** 3 Filer ID (Ethics Commission Filers) 2 FILER NAME PAULETTE GUAJARDO 4 TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:\_\_ 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor **16** GUARANTOR 19 Amount Guaranteed (\$) INFORMATION City; 18 Guarantor address; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_\_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political Description of Collateral 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 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

| 0000                       | Z        | PAUL     | ETTE       | LETTE GUAJARDO CAMPAIGN | 00    | CAMP  | AIGN  |
|----------------------------|----------|----------|------------|-------------------------|-------|-------|-------|
| 0707                       |          |          | 2          | LOANS (SCHEDULE E)      | (E E) |       |       |
| LENDER                     | A        | AMOUNT   | DATE       | ADDRESS                 | CITY  | STATE | ZIP   |
| Paulette & Victor Guajardo | <b>ئ</b> | 2,500.00 | 12/9/2020  | 6409 FUMAY              | သ     | ΤX    | 78414 |
| Paulette & Victor Guajardo | \$       | 2,500.00 | 12/11/2020 | 6409 FUMAY              | သ     | ΧT    | 78414 |
|                            | erece se |          |            |                         |       | 201   |       |
| Total to Date              | \$       | 5,000.00 |            |                         |       |       |       |

### **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollina Expense

| ontributions/Donations Made B<br>Candidate/Officeholder/Politica |   | Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)                 |
|--|---|---|
| edit Card Payment  | The Instruction Guide explains                            | how to complete this form.  |
| Total pages Schedule F1:   | <sup>2</sup> FILER NAME PAULETTE GUA                      | JARDO 3 Filer ID (Ethics Commission Filers)   |
| Date   | 5 Payee name ITEMIZED                                     |   |
| Amount (\$)  | 7 Payee address; City; State; Zip                         | Code  |
| PURPOSE<br>OF<br>EXPENDITURE                                     | (a) Category (See Categories listed at the top of this so | (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/O               | Candidate / Officeholder name<br>H                        | Office sought Office held   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zi                            | o Code  |
| PURPOSE<br>OF<br>EXPENDITURE                                     | Category (See Categories listed at the top of this so     | Check if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/O               | Candidate / Officeholder name                             | Office sought Office held   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zi                            | p Code  |
| PURPOSE<br>OF<br>EXPENDITURE                                     | Category (See Categories listed at the top of this s      | Chedule)  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               | Landidate / Officeholder name  OH                         | Office sought Office held   |
|  | ATTACH ADDITIONAL COPIES                                  | OF THIS SCHEDULE AS NEEDED  |
|  | , , , , , , , , , , , , , , , , , , ,                     |   |

|                           |           | F         | MOL        | PAULETTE GUAJARDO CAMPAIGN                   | CAMPAIGN  |
|---------------------------|-----------|-----------|------------|--|---|
| 2020                      |           |           |            | VENDOR EXPENSES (SCHEDULE F1)                | ILE F1)   |
| EXPENSES                  | AMO       | AMOUNT    | DATE       | CATEGORY/PURPOSE                             | ADDRESS   |
|                           |           |           |            | 8.6  |   |
| Arrow Display Signs       | ₹>        | 443.83    | 12/8/2020  | Advertising Expense - Signs                  | 1343 S. Staples, CCTX 78404                     |
| Mail Center USA           | -⟨>-      | 129.90    | 12/8/2020  | Campaign Expense - Correspondence Letters    | 3636 S. Alameda, CCTX 78411                     |
| Dreamers & Walkers        | \$        | 3,000.00  | 12/8/2020  | Campaign Expense - Political Consulting      | 622 Bermuda, CCTX 78411                         |
| Magic 104.9               | \$ 1      | 1,500.00  | 12/8/2020  | Advertising Expense - Radio Commercial       | 2209 NPID, CCTX 78408                           |
| Google                    | ↔         | 500.00    | 12/8/2020  | Campaign Expense - Internet Ad               | 1600 Amphitheatre Pkwy, Mountain View, CA 94043 |
| Caller Times              | ৵         | 425.00    | 12/9/2020  | Advertising Expense - Digital Ads            | P O Box 9136, CCTX 78469                        |
| Election Support Services | \$ 7      | 7,857.27  | 12/10/2020 | Campaign Expense - Political Consulting      | 2611 Rompel Pass, SATX 78232                    |
| Valencia Event Center     | ₩.        | 950.00    | 12/10/2020 | Campaign Expense - Event                     | 6110 Ayers, CCTX 78415                          |
| Mira's                    | ↔         | 119.07    | 12/10/2020 | Campaign Expense - T Shirt Graphics          | 6006 Ayers, CCTX 78415                          |
| Mail Chimp Email          | \$        | 277.16    | 12/10/2020 | Campaign Expense - Email Account             | 675 Ponce Deleon Ave #5000, Atlanta, GA 30308   |
| Curt Rock                 | <b>ئ</b>  | 500.00    | 12/11/2020 | Campaign Expese - Return Online Contribution | 7414 Trailcreek, CCTX 78414                     |
| CC Trade Center           | -\$-      | 125.00    | 12/12/2020 | Campaign Expense - Event                     | 2833 SPID, CCTX                                 |
| Caprice Taylor            | ↔         | 300.00    | 12/14/2020 | Campaign Expense - Graphic Design            | 31172 Oakview Rd, Bulverde, TX 78163            |
| P. Island B. A.           | -\$-      | 295.00    | 12/14/2020 | Advertising Expense - Ad                     | 14493 SPID CCTX 78418                           |
| Square Space              | <b>ئ</b>  | 28.15     | 12/14/2020 | Campaign Expense - Email Account             | New York, NY                                    |
| Eric Brenner              | <b>\$</b> | 220.00    | 12/17/2020 | Campaign Expense - Marketing Email           | 5702 Ocean Dr, CCTX 78412                       |
| Cooper Advertising        | \$        | 6,700.00  | 12/17/2020 | Advertising Expense - Billboard              | P O Box 9431, CCTX 78469                        |
| Public Alliance           | \$        | 2,775.00  | 12/17/2020 | Advertising Expense - Commercial Production  | 909 NE Loop 410, #340, SATX 78209               |
| Iconic Signs              | ÷         | 672.72    | 12/22/2020 | Advertising Expense - Signs                  | 5819 Leopard Street, CCTX 78408                 |
| Andedot                   | <b>ئ</b>  | 377.30    | 12/30/2020 | Campaign Expense - Online Fundraising Fees   | 1340 Pydras St, Ste 1770, New Orleans, LA 70112 |
|                           |           | 2         |            |  |   |
|                           |           | 2 20      |            |  |   |
|                           |           |           | 1 s        |  |   |
| Total to Date             | \$ 27,    | 27,195.40 |            |  |   |
|                           |           |           |            |  |   |

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co | Food/Beverage Expense Gift/Awards/Memorials Expense ommittee Legal Services | Polling Expense Printing Expense Salaries/Wages/Contract Labor | Travel In District Travel Out Of District Other (enter a category not listed above)             |
|--|---|--|---|
|  | The Instruction Guide explain   | s how to complete this form.                                   |   |
| 1 Total pages Schedule F2:   | 2 FILER NAME PAULETTE GU  | AJARDO   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZ  | ZED UNPAID INCURRED OBLIC   | GATIONS  | \$ -0-  |
| 5 Date   | 6 Payee name  |  |   |
| <b>7</b> Amount (\$)   | 8 Payee address; City; State;   | Zip Code   |   |
| 9 TYPE OF EXPENDITURE  | Political   | Non-Political  |   |
| 10 (6  | a) Category (See Categories listed at the top of thi                        | s schedule) (b) Description                                    | on  |
| PURPOSE  |   | Check if   | travel outside of Texas. Complete Schedule T.   |
| OF<br>EXPENDITURE  |   | Check  | if Austin, TX, officeholder living expense  |
| 11 Complete ONLY if direct expenditure to benefit C/OH                                 | Candidate / Officeholder name   | Office sought  | Office held   |
| Date   | Payee name  |  |   |
| Amount (\$)  | Payee address; City; State;   | Zip Code   |   |
| TYPE OF<br>EXPENDITURE   | Political   | Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Calegory (See Categories listed at the top of th                            | Check  | ON  f travel outside of Texas. Complete Schedule T.  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 O  | OF THIS SCHEDULE AS NI   | EEDED   |
|  |   | <del></del>  | Davis - 1 0/0/004   |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

| The Instruction Guide explains how to complete this form. |   |   |        |          | 1 Total pages Schedule F3: NONE |          |  |  |
|---|---|---|--------|----------|---------------------------------|----------|--|--|
| 2 FIL   | ER NAME   | PAULETTE GUAJARDO   | 3      | Filer ID | (Ethics Commission              | Filers)  |  |  |
| 4 Da  | te  | 5 Name of person from whom investment is purchased          |        |          |                                 |          |  |  |
|   |   | 6 Address of person from whom investment is purchased; City | <br>у; |          | State;                          | Zip Code |  |  |
|   |   | 7 Description of investment                                 |        |          |                                 |          |  |  |
|   |   | 8 Amount of investment (\$)                                 |        |          |                                 |          |  |  |
| Da  | ate   | Name of person from whom investment is purchased            | -      |          |                                 |          |  |  |
|   |   | Address of person from whom investment is purchased; City   | <br>y; |          | 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 Accounting/Banking Consulting Expense                           | Event Expense<br>Fees<br>Food/Beverage Expense   | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District  |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|
| Contributions/Donations Made B<br>Candidate/Officeholder/Politica                   |  | Printing Expense<br>Salaries/Wages/Contract Labor                                 | Travel Out Of District<br>Other (enter a category not listed above)                             |  |  |  |  |  |
| The Instruction Guide explains how to complete this form.                           |  |   |   |  |  |  |  |  |
| 1 Total pages Schedule F4:  | 1 Total pages Schedule F4: 2 FILER NAME PAULETTE GUAJARDO 3 Filer ID (Ethics Commission Filers)                |   |   |  |  |  |  |  |
| 4 TOTAL OF UNITEM   | 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ -0-   |   |   |  |  |  |  |  |
| 5 Date  | Date 6 Payee name  |   |   |  |  |  |  |  |
| 7 Amount (\$)   | 8 Payee address; City; State;  | Zip Code  |   |  |  |  |  |  |
| 9 TYPE OF<br>EXPENDITURE  | Political  | Non-Political   |   |  |  |  |  |  |
| 10  | (a) Category (See Categories listed at the top of  | this schedule) (b) Description  | on  |  |  |  |  |  |
| PURPOSE<br>OF   |  | Checki  | f travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
| EXPENDITURE   |  | Check   | if Austin, TX, officeholder living expense  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |
| 11 Complete ONLY if direct expenditure to benefit C/C                               | 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH |   |   |  |  |  |  |  |
| Date  | Payee name   |   |   |  |  |  |  |  |
| Amount (\$)   | Amount (\$) Payee address; City; State; Zip Code   |   |   |  |  |  |  |  |
| TYPE OF<br>EXPENDITURE  | Political  | Non-Political   |   |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of  | Check   | ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/C                                  | Candidate / Officeholder name<br>DH  | Office sought   | Office held   |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |
|   | ATTACH ADDITIONAL COPIES   | OF THIS SCHEDULE AS N   | EEDED   |  |  |  |  |  |
| Farmany solided by Taylor Ethica Commission WAW othics state by us Revised 9/8/2015 |  |   |   |  |  |  |  |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| C        | ontributions/Donations Made<br>Candidate/Officeholder/Politic<br>edit Card Payment |              | Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | Printing Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | Travel in District Travel Out Of District Other (enter a category not listed above) |
|----------|--|--------------|--|---|---|
|          |  |              | The instruction dutie explain  | is now to complete this form.   |   |
| 1        | Total pages Schedule G:  | 2 FILER NA   | PAULETTE GU  | JAJARDO   | 3 Filer ID (Ethics Commission Filers)   |
| 1        | Date   | 5 Payee na   | me<br>NONE   |   |   |
| <b>6</b> | Amount (\$)  | 7 Payee ad   | dress; City; State; Zi   | p Code  |   |
| _ [      | political contributions intended   | (5) 5        |  | (b) Description   |   |
| 8        | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category | (See Categories listed at the top of this so                               | Check if travel ou  | itside of Texas. Complete Schedule T.<br>, TX, officeholder living expense          |
|          | Complete ONLY if direct expenditure to benefit C/0                                 |              | date / Officeholder name   | Office sought   | Office held   |
|          | Date   | Payee na     | me   |   |   |
| -        | Amount (\$)  | Payee ac     | ddress; City; State; Z   | ip Code   |   |
|          | Reimbursement from political contributions intended                                |              |  |   |   |
|          | PURPOSE<br>OF<br>EXPENDITURE   | Category     | (See Categories listed at the top of this so                               | Check if travel ou  | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense         |
|          | Complete ONLY if direct expenditure to benefit C/                                  |              | date / Officeholder name   | Office sought   | Office held   |
|          | Date   | Payee na     | ame  |   | . ,   |
|          | Amount (\$)  | Payee ad     | ddress; City; State; Z   | ìp Code   |   |
|          | Reimbursement from political contributions intended                                |              |  |   |   |
|          | PURPOSE<br>OF<br>EXPENDITURE   | Category     | r (See Categories listed at the top of this s                              | Check if travel or  | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense         |
|          | Complete ONLY if direct expenditure to benefit C/                                  |              | idate / Officeholder name  | Office sought   | Office held   |
|          |  | ATT          | ACH ADDITIONAL COPIES  | OF THIS SCHEDULE AS NE  | EDED  |

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

Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME PAULETTE GUAJARDO 4 Date Business name NONE 6 Amount (\$) 7 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 EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Amount (\$) Business address; City; State; Zip Code 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 sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) City; State; Zip Code Business address; 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 complete this form. |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| <b>1</b> Total pages Schedule I:                          | 2 FILER NAME PAULETTE GUAJARDO  | 3 Filer ID (Ethics Commission Filers)                                      |  |  |  |  |  |
| 4 Date  | 5 Payee name NONE   |  |  |  |  |  |  |
| <b>6</b> 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<br>OF<br>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<br>OF<br>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<br>OF<br>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        | lule K:  |                                       |                    |
|---|------------|--|---------------------------------------|--------------------|
| 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; |                                       |                    |
|   |            | 7 Purpose for which amount is received Check if p              | 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                  | 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    | , , , , , , , , , , , , , , , , , , , |                    |
|   |            | Purpose for which amount is received Check if                  | political contribution                | returned to filer  |
|   |            | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE                      | : AS NEEDED                           |                    |

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

#### SCHEDULE T

| The Instruction Guide explains how to complet                               |   |   |                          | form. 1 Total pages Schedule T:       |                        |                 |  |  |  |
|---|---|---|--------------------------|---------------------------------------|------------------------|-----------------|--|--|--|
| 2 FILER NAME  |   |   |                          | 3 Filer ID (Ethles Commission Filers) |                        |                 |  |  |  |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee |   |   |                          |                                       |                        |                 |  |  |  |
| 5 Contribution / Expendi  | ture reported   | on:   |                          |                                       |                        |                 |  |  |  |
| Schedule A2   | ,   | dule B  | Schedule B(J)            | Schedule C2                           | Schedule D Schedule F1 |                 |  |  |  |
| Schedule F2   | Sche  | dule F4   | Schedule G               | Schedule H                            | Schedule COH-UC        | Schedule B-SS   |  |  |  |
| 6 Dates of travel   | <b>7</b> Name of  | person(s)   | traveling                |                                       |                        |                 |  |  |  |
|   | 8 Departur  | re city or name of departure location                                     |                          |                                       |                        |                 |  |  |  |
|   | 9 Destination   | on city or  | name of destination loc  | eation                                | , consideration and a  |                 |  |  |  |
| 10 Means of transportati  | 10 Means of transportation  |   |                          |                                       |                        |                 |  |  |  |
| Name of Contributor /   | Corporation   | or Labor C  | organization / Pledgor / | Payee                                 |                        |                 |  |  |  |
| Contribution / Expend   | iture reported  | on:   |                          |                                       |                        |                 |  |  |  |
| Schedule A2   | Sched   | dule B  | Schedule B(J)            | Schedule C2                           | Schedule D             | Schedule F1     |  |  |  |
| Schedule F2   | Sche  | dule F4   | Schedule G               | Schedule H                            | Schedule COH-UC        | Schedule B-SS   |  |  |  |
| Dates of travel Name  |   | f person(s  | ) traveling              |                                       |                        |                 |  |  |  |
|   |   | are city or name of departure location                                    |                          |                                       |                        |                 |  |  |  |
|   |   | tion city or name of destination location                                 |                          |                                       |                        |                 |  |  |  |
| Means of transportation   |   | Purpose of travel (including name of conference, seminar, or other event) |                          |                                       |                        |                 |  |  |  |
| Name of Contributor /   | Name of Contributor / Corporation or Labor Organization / Pledgor / Payee |   |                          |                                       |                        |                 |  |  |  |
| Contribution / Expend   | liture reported   | on:   |                          |                                       |                        |                 |  |  |  |
| Schedule A2   | Sche  | dule B  | Schedule B(J)            | Schedule C2                           | Schedule D             | Schedule F1     |  |  |  |
| Schedule F2   | Sche  | edule F4  | Schedule G               | Schedule H                            | Schedule COH-UC        | Schedule B-SS   |  |  |  |
| Dates of travel Na  |   | Name of person(s) traveling   |                          |                                       |                        |                 |  |  |  |
|   | Departure city or name of departure location                              |   |                          |                                       |                        |                 |  |  |  |
|   | Destinat  | Destination city or name of destination location                          |                          |                                       |                        |                 |  |  |  |
| Means of transportation   |   | Purpose of travel (including name of conference, seminar, or other event) |                          |                                       |                        |                 |  |  |  |
|   | A   | TTACH A   | DDITIONAL COPIES         | OF THIS SCHEDUL                       | E AS NEEDED            | W 4 - 1 - 1 - 1 |  |  |  |

# 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" · · 2 Filer ID (Ethics Commission Filers) 1 C/OH NAME **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 FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. **CAMPAIGN FUNDS** Α. 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 **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