


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: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI PAULETTE	OFFICE USE ONLY Date Received Date Filed 10/7/24  Rebecca Huerta City Secretary Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX GUAJARDO		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6409 FUMAY CORPUS CHRISTI, TX 78414		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION (361) 834-4125		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR FIRST MI SALLIE	Receipt # Amount \$	
8 CAMPAIGN TREASURER PHONE	NICKNAME LAST SUFFIX OHMSTEDE	Date Processed	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 242 CIRCLE DRIVE CORPUS CHRISTI, TX 78411	Date Imaged	
10 PERIOD COVERED	AREA CODE PHONE NUMBER EXTENSION (713) 202-8132	Date Imaged	
11 ELECTION	<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)	Date Imaged	
12 OFFICE	OFFICE HELD (if any) MAYOR	OFFICE SOUGHT (if known) MAYOR	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

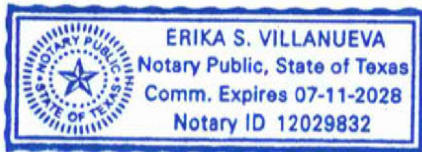
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 75,920.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ITEMIZED
	4. TOTAL POLITICAL EXPENDITURES	\$ 130,109.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 204,748.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 59,050.00

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.

Paulette Guajardo
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by PAULETTE GUAJARDO this the 4th day of October, 2024 to certify which, witness my hand and seal of office.
Erika S Villanueva ERIKA S VILLANUEVA Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year).

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME
PAULETTE GUAJARDO**20** Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 73,220.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,700.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 130,109.29
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: ITEMIZED
2 FILER NAME PAULETTE GUAJARDO		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

2024

PAULETTE GUAJARDO CAMPAIGN**CONTRIBUTORS (SCHEDULE A1)**

CONTRIBUTOR	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
Larry Messer	\$ 100.00	7/14/2024	[REDACTED]	CC	TX	78413
Linebarger Goggan Blair & Sampason LLP	\$ 2,500.00	7/15/2024	[REDACTED]	Austin	TX	78760
Pape-Dawson Engineers PAC	\$ 1,500.00	7/16/2024	[REDACTED]	San Antonio	TX	78213
Freese and Nichols PAC	\$ 1,000.00	7/22/2024	[REDACTED]	Fort Worth	TX	76102
Michelle Lozano	\$ 500.00	7/27/2024	[REDACTED]	CC	TX	78412
Laura Leal Estrada	\$ 10.00	7/28/2024	[REDACTED]	CC	TX	78415
D. Salinas	\$ 1,000.00	8/8/2024	[REDACTED]	CC	TX	78414
Gowan Law Group	\$ 2,500.00	8/9/2024	[REDACTED]	CC	TX	78401
Angie Calderon	\$ 500.00	8/8/2024	[REDACTED]	CC	TX	78403
Tara & Jason Hoelscher	\$ 1,000.00	8/9/2024	[REDACTED]	San Antonio	TX	78232
Jason Hoelscher	\$ 500.00	8/9/2024	[REDACTED]	San Antonio	TX	78232
Eduardo de Lachica III	\$ 7,500.00	8/9/2024	[REDACTED]	Sugar Land	TX	77479
Ting Thongsavanh	\$ 500.00	8/9/2024	[REDACTED]	CC	TX	78413
Wilson Almonte	\$ 3,000.00	8/9/2024	[REDACTED]	Houston	TX	77005
Mauricio Celis	\$ 2,500.00	8/9/2024	[REDACTED]	CC	TX	78414
Craig Sico	\$ 2,500.00	8/9/2024	[REDACTED]	George West	TX	78022
Jalil Baradaran	\$ 2,500.00	8/9/2024	[REDACTED]	CC	TX	78414
Eduardo de Lachica	\$ 7,500.00	8/9/2024	[REDACTED]	Sugar Land	TX	77479
Eugene Cran	\$ 200.00	8/11/2024	[REDACTED]	Rockport	TX	78382
Manuel Green	\$ 2,500.00	8/12/2024	[REDACTED]	Dallas	TX	75240
John D. Orr	\$ 500.00	8/12/2024	[REDACTED]	CC	TX	78347
Raymond Gignac	\$ 500.00	8/16/2024	[REDACTED]	CC	TX	78412
Sofia Gignac	\$ 500.00	8/20/2024	[REDACTED]	CC	TX	78411
Charles C. Webb Jr.	\$ 1,250.00	8/21/2024	[REDACTED]	CC	TX	78412

Michael Morgan	\$ 500.00	8/28/2024	[REDACTED]	CC	TX	78413
Laura Leal Estrada	\$ 10.00	8/28/2024	[REDACTED]	CC	TX	78415
Jerry Susser	\$ 1,000.00	8/28/2024	[REDACTED]	CC	TX	78401
Rachel Canales	\$ 1,000.00	8/30/2024	[REDACTED]	San Antonio	TX	78253
Richard Borchard	\$ 1,000.00	8/30/2024	[REDACTED]	Westhoff	TX	77994
Joe Flores	\$ 250.00	9/2/2024	[REDACTED]	CC	TX	78401
Bonilla Investments	\$ 1,000.00	9/6/2024	[REDACTED]	CC	TX	78466
Kusumakar Sooda	\$ 5,000.00	9/9/2024	[REDACTED]	CC	TX	78413
James McKibben	\$ 500.00	9/9/2024	[REDACTED]	CC	TX	78401
Law Office of Jerry Guerra PC	\$ 500.00	9/12/2024	[REDACTED]	CC	TX	78403
Laura Harris	\$ 1,000.00	9/13/2024	[REDACTED]	CC	TX	78415
James McKibben	\$ 500.00	9/13/2024	[REDACTED]	CC	TX	78401
Jose Evan Barrera III	\$ 1,500.00	9/17/2024	[REDACTED]	CC	TX	78414
Cheryl Rister	\$ 500.00	9/19/2024	[REDACTED]	CC	TX	78411
Christopher Clark	\$ 1,000.00	9/20/2024	[REDACTED]	CC	TX	78408
Paul Laudadio	\$ 500.00	9/20/2024	[REDACTED]	CC	TX	78404
Celso M Gonzalez Falla	\$ 1,500.00	9/23/2024	[REDACTED]	Kingsland	GA	31548
Adriana Ortiz	\$ 1,000.00	9/18/2024	[REDACTED]	CC	TX	78414
Katia Ramos McCabe	\$ 500.00	9/18/2024	[REDACTED]	CC	TX	78412
Nicholas & Sofia Gignac	\$ 1,000.00	9/24/2024	[REDACTED]	CC	TX	78411
Nova N Herin	\$ 1,000.00	9/24/2024	[REDACTED]	CC	TX	78460
Robert Drake Beauchamp, MD	\$ 100.00	9/24/2024	[REDACTED]	CC	TX	78404
Robin M Perrone	\$ 100.00	9/24/2024	[REDACTED]	CC	TX	78413
Anna Renee Cooper	\$ 200.00	9/24/2024	[REDACTED]	CC	TX	78411
Kenneth Vanexan	\$ 100.00	9/24/2024	[REDACTED]	CC	TX	78404
Erin Wilder	\$ 250.00	9/24/2024	[REDACTED]	CC	TX	78414
Candace Moloney	\$ 150.00	9/24/2024	[REDACTED]	CC	TX	78411
Patricia Aitken	\$ 100.00	9/24/2024	[REDACTED]	CC	TX	78413
Paul Watton	\$ 1,000.00	9/24/2024	[REDACTED]	CC	TX	78414
Michelle Lozano	\$ 250.00	9/24/2024	[REDACTED]	CC	TX	78412
Rose Schmitgen	\$ 200.00	9/24/2024	[REDACTED]	CC	TX	78410

Matt Bayazitoglu	\$ 200.00	9/24/2024	[REDACTED]	CC	TX	78411
Lanpac	\$ 1,000.00	9/25/2024	[REDACTED]	Houston	TX	77042
Robert Viera	\$ 500.00	9/25/2024	[REDACTED]	CC	TX	78414
Sunil Reddy	\$ 5,000.00	9/25/2024	[REDACTED]	CC	TX	78427
Charles C. Webb Jr.	\$ 500.00	9/26/2024	[REDACTED]	CC	TX	78412
Richard Shelton	\$ 100.00	9/26/2024	[REDACTED]	CC	TX	78412
Cecil Childers	\$ 150.00	9/27/2024	[REDACTED]	CC	TX	78411
Total to Date	\$ 73,220.00					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: ITEMIZED	
2 FILER NAME PAULETTE GUAJARDO		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

2024

PAULETTE GUAJARDO CAMPAIGN

IN KIND - CONTRIBUTORS (SCHEDULE A2)

LENDER	AMOUNT	DATE	DESCRIPTION	ADDRESS	CITY	STATE	ZIP
Meredith Carter	\$ 2,700.00	9/24/2024	Fundraiser	[REDACTED]	CC	TX	78411
Total to Date	\$ 2,700.00						

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name ITEMIZED
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2024

PAULETTE GUAJARDO CAMPAIGN**VENDOR EXPENSES (SCHEDULE F1)**

EXPENSES	AMOUNT	DATE	CATEGORY/PURPOSE	ADDRESS
Saltgrass	\$ 84.00	7/3/2024	Campaign Expense - Lunch Volunteers	6729 SPID, CCTX 78412
Mail Center	\$ 88.49	7/22/2024	Campaign Expense - Fundraiser Invites	3636 S. Alameda, Ste. B, CCTX 78411
KIII TV 3	\$ 2,520.00	7/11/2024	Campaign Expense - Digital Ads	5002 SPID, CCTX 78411
Alejandro Perez	\$ 2,500.00	7/25/2024	Campaign Expense - Media Production	615 N Upper Broadway Unit 108, CCTX 78401
Anedot	\$ 85.60	7/31/2024	Campaign Expense - Transaction Fee	1340 Pydras St., Ste 1770, New Orleans, LA 70112
Rolando Garza	\$ 500.00	8/1/2024	Campaign Expense - Radio Advertising	2209 NPID, CCTX 78408
Lamar	\$ 13,900.00	8/7/2024	Campaign Expense - Billboard	133 NPID, CCTX 78406
City of Corpus Christi	\$ 100.00	8/7/2024	Campaign Expense - Filing Fee	1201 Leopard Street, CCTX 78401
Flour Bluff Booster Club	\$ 400.00	8/8/2024	Campaign Expense - Advertising	2505 Waldron RD, CCTX 78418
Arrow	\$ 6,100.00	8/8/2024	Campaign Expense - Signs	1343 S. Staples, CCTX 78404
Ralph Hernandez	\$ 200.00	8/12/2024	Campaign Expense - Sign Work	2237 Guadalupe St., CCTX 78416
Cooper Outdoor	\$ 11,053.65	8/13/2024	Campaign Expense - Bill Board	115 Waco St., CCTX 78401
Arrow	\$ 6,078.13	8/14/2024	Campaign Expense - Signs	1343 S. Staples, CCTX 78404
Alejandro Perez	\$ 4,375.00	8/16/2024	Campaign Expense - Media Production	615 N Upper Broadway Unit 108, CCTX 78401
KIII TV 3	\$ 27,744.00	8/26/2024	Campaign Expense - TV Commercials	5002 SPID, CCTX 78411
Tractor Supply	\$ 87.63	8/28/2024	Campaign Expense - T-Posts	2754 Saratoga Blvd, CCTX 78415
Arrow	\$ 541.25	8/29/2024	Campaign Expense - Signs	1343 S. Staples, CCTX 78404
McCoys	\$ 1,552.67	8/30/2024	Campaign Expense - T-Posts	3761 E. Hwy 44, Alice, TX 78332
KRIS TV 6	\$ 14,203.50	8/30/2024	Campaign Expense - TV Advertising	301 Artesian, CCTX 78401
Ralph Hernandez	\$ 150.00	8/27/2024	Campaign Expense - Sign Work	2237 Guadalupe St., CCTX 78416
Election Services	\$ 2,500.00	8/27/2024	Campaign Expense - Political Consulting	2611 Rompel Pass, SATX 78232
Ralph Hernandez	\$ 300.00	8/30/2024	Campaign Expense - Sign Work	2237 Guadalupe St., CCTX 78416
Anedot	\$ 1,252.00	8/31/2024	Campaign Expense - Online Fundraising Fees	1340 Pydras St, Ste 1770, New Orleans, LA 70112
Alejandro Perez	\$ 4,315.00	9/3/2024	Campaign Expense - Media Production	615 N Upper Broadway Unit 108, CCTX 78401
Arrow	\$ 920.13	9/5/2024	Campaign Expense - Signs	1343 S. Staples, CCTX 78404

Ralph Hernandez	\$ 150.00	9/10/2024	Campaign Expense - Sign Work	2237 Guadalupe St., CCTX 78416
Robert Valadez	\$ 1,563.00	9/10/2024	Campaign Expense - T-Shirts	3630 SPID, CCTX 78415
Cooper Outdoor	\$ 11,053.65	9/15/2024	Campaign Expense - Bill Board	115 Waco St., CCTX 78401
Alejandro Perez	\$ 4,315.00	9/16/2024	Campaign Expense - Media Production	615 N Upper Broadway Unit 108, CCTX 78401
KORO - TV	\$ 9,651.75	9/16/2024	Campaign Expense - TV Commercial	102 N. Mesquite, CCTX 78401
US Postal Service	\$ 73.00	9/11/2024	Campaign Expense - Stamps	802 N. Tancahua, CCTX 78401
KIII TV 3	\$ 204.00	9/25/2024	Campaign Expense - TV Commercials	5002 SPID, CCTX 78411
Gulf Coast Mailing & Printing	\$ 184.03	9/26/2024	Campaign Expense - Push Cards	P O Box 9312, CCTX 78469
Rolando Garza	\$ 500.00	9/26/2024	Campaign Expense - Radio Advertising	2209 NPID, CCTX 78408
Anedot	\$ 243.30	9/30/2024	Campaign Expense - Online Fundraising Fees	1340 Pydras St., Ste 1770, New Orleans, LA 70112
Square	\$ 155.88	9/24/2024	Campaign Expense - Transaction Fee	New York
Office Depot	\$ 107.13	9/25/2024	Campaign Expense - Supplies	1737 SPID, CCTX 78404
Cookies by Design	\$ 357.50	9/26/2024	Campaign Expense - Fundraiser/Decorations/Food	4709 Alameda, CCTX 78412
Total to Date	\$ 130,109.29			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ -0-
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 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; State; Zip Code	
	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; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ -0-
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name NONE
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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 H:	2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name NONE
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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 K: NONE
2 FILER NAME <p style="text-align: center;">PAULETTE GUAJARDO</p>		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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

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 T: NONE
2 FILER NAME PAULETTE GUAJARDO		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) travelling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder