### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	Ms / Mrs / Mr First Kaylynn	MI	OFFICE USE ONLY			
	NICKNAME LAST Paxson	SUFFIX	Date Filed 7/14/2024			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	Rebecca Huerta				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 7231001	EXTENSION	Date Gain Volen See CFURU Stmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST  Kaylynn	МІ	Receipt #   Amount \$			
NAME	NICKNAME LAST Paxson	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  14300 SPID #203 Corpus Christi, Tx 78418					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 361 ) 7231001					
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  Limit  Sth day before election  Exceeded Modified Reporting Limit					
10 PERIOD COVERED	Month Day Year 1 / 1 / 24	THROUGH 6	Day Year  / 30 / 24			
11 ELECTION	ELECTION DATE  Month Day Year  11 / 5 / 24  ELECTION TYPE  Other Description  Special					
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  City Council District 4					
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.					
	COMMITTEE TYPE COMMITTEE ADDRESS					
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS					
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
GO TO PAGE 2						

www.ethics.state.tx.us

# 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTION     PLEDGES, LOANS, OR GUARANTEES OF LOAN CONTRIBUTIONS MADE ELECTRONICALLY)	,
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 51.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINI OF REPORTING PERIOD	ED AS OF THE LAST DAY \$ 27.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAND LAST DAY OF THE REPORTING PERIOD	bing loans as of the \$ 126.58
	wear, or affirm, under penalty of perjury, that the accompar	unying report is true and correct and includes all information
	, /	
	#	ogh /
		Signature of Candidate pr Officeholder
		Signature of Candidate of Officerolder
		,
	Please complete either o	ontion helow:
	· iouco compresso cimica	
Prod	~~~~~~~	
(1) Affidavit	MARY ANN PENA ID# 12816380-5 Notary Public STATE OF TEXAS My Comm. Exp. 01-28-2026	
NOTARY STAMP/SEAL	<b>, , , , , , , , , , , , , , , , , , , </b>	
Sworn to and subscribed		this the 14th day of July,
20 <u>24</u> , to certify	which, witness my hand and seal of office.	0 0
May ann Per	ra Mary Ann Pena	notare Public
Signature of officer administer		path Title of officer administering oath
	OR	
(2) Unsworn Declaration	'n	
My name is	, and n	ny date of birth is
My address is		
		(city) (state) (zip code) (country)
Executed in		
Annual Control of the	, County, State of, on the	(month) (year)
	Si	ignature of Candidate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Kaylynn Paxson		20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 51.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	

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

Event Expense Fees Food/Beverage Expense Glft/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)

Oreal Card F ayrilent	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Kaylynn Paxson		3 Filer ID (Ethics Commission Filers)	
4 Date 04/11/2024	5 Payee name Rotary			
6 Amount (\$) 51.00	7 Payee address; North Padre Island, Corpus Christi, T	City; Tx 78418	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 S	SCHEDULE AS NEE	EDED	