

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Paulette NICKNAME      LAST      SUFFIX Guajardo	<b>OFFICE USE ONLY</b> Date Received <b>Date Filed</b> <u>10/31/22</u> <i>Rebecca Huerta</i> <b>Rebecca Huerta</b> <b>City Secretary</b> <i>Assistant</i> Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 6409 Fumay Corpus Christi, TX 78414		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 361 ) 834-4125		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Sallie NICKNAME      LAST      SUFFIX Ohmstede		
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 242 Circle Drive Corpus Christi, TX 78411		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 713 ) 202-8132		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year 09 / 30 / 2022      10 / 29 / 2022		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year 11 / 08 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) Mayor	<b>13</b> OFFICE SOUGHT (if known) Mayor	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **PAULETTE GUAJARDO** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

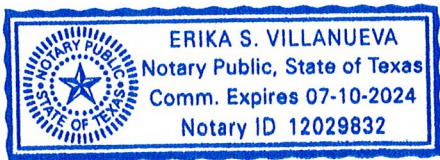
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<b>TREPAC</b>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<b>1115 San Jacinto Blvd, Austin, Texas 78768</b>
	COMMITTEE CAMPAIGN TREASURER NAME
	<b>Leslie Cantu</b>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<b>P O Box 2246, Austin, Texas 78768</b>

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)	\$ 84,480.25
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ ITEMIZED
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,106.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 147,885.90
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



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said PAULETTE GUAJARDO, this the 28th day of October, 2022, to certify which, witness my hand and seal of office.

*Erika S. Villanueva*  
Signature of officer administering oath

Erika S. Villanueva  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>  <b>PAULETTE GUAJARDO</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$77,777.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$6,703.25
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		\$16,106.15
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

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  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# PAULETTE GUAJARDO CAMPAIGN

2022

## CONTRIBUTORS (SCHEDULE A1)

CONTRIBUTOR	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
Katherine Urban	\$ 500.00	10/1/2022	202 Ohio Avenue	CC	TX	78404
Kimberly Stockseth	\$ 1,000.00	10/2/2022	503 Greenbriar Dr	CC	TX	78413
Nova Herin	\$ 2,000.00	10/2/2022	13742 Hillwood Trail	CC	TX	78410
Erin Wilder	\$ 500.00	10/2/2022	52 E Bar Le Doc	CC	TX	78414
Osbert & Nelly Garcia Blow	\$ 500.00	10/2/2022	4221 Center Dr	CC	TX	78412
M. D. Scott	\$ 1,000.00	10/2/2022	5548 County Road 81	Robstown	TX	78380
Linda Jordan	\$ 250.00	10/2/2022	2011 Ocean Drive	CC	TX	78404
Phyllis Roseman	\$ 50.00	10/2/2022	4835 Ocean Drive	CC	TX	78412
Pamela O'Connor	\$ 200.00	10/2/2022	315 Catalina Place	CC	TX	78411
Laurie Mintz	\$ 2,000.00	10/2/2022	3344 Ocean Dr	CC	TX	78411
Tressa Majka	\$ 100.00	10/2/2022	6209 Lago Vista Dr	CC	TX	78414
Mary Peterson	\$ 250.00	10/2/2022	210 Naples	CC	TX	78404
Coastal Area Builders PAC	\$ 1,000.00	10/4/2022	5325 Yorktown Road	CC	TX	78414
Debbie Hammond	\$ 1,000.00	10/4/2022	27 Hewitt Dr	CC	TX	78404
Chris Minnich	\$ 2,000.00	10/4/2022	3310 Oakewell Court 20203	San Antonio	TX	78218
RaviShanker Mallapuram	\$ 2,500.00	10/5/2022	23 Haven Shore Lane	Sugar Land	TX	77479
Julie Buckley	\$ 100.00	10/10/2022	101 N. Shoreline #500	CC	TX	78401
Tom Carlisle	\$ 500.00	10/10/2022	500 N Water #900	CC	TX	78401
KochPac - Koch Industries	\$ 1,000.00	10/11/2022	4111 East 37th Street North	Wichita	KS	67220
Sophia Ommani	\$ 1,000.00	10/11/2022	2110 Halcon Street	CC	TX	78414
Laureen Pedrotti	\$ 1,000.00	10/11/2022	615 N. Upper Broadway #1770	CC	TX	78401
Julia Meyer	\$ 1,000.00	10/11/2022	5917 Oso Pkwy	CC	TX	78414
Valentina Cisneros	\$ 1,000.00	10/11/2022	8501 Legends Dr	CC	TX	78414
La Mer LLC	\$ 1,000.00	10/11/2022	3801 Denver Ave	CC	TX	78411
Phantom Canyon Investments, LLC	\$ 1,000.00	10/11/2022	61 W Bar Le Doc Ave	CC	TX	78414
Cypress Point Capital LLC	\$ 500.00	10/11/2022	14 West Bar Le Doc Ave	CC	TX	78414

Kathryn Soward	\$	500.00	10/11/2022	5830 McArdle, Ste. 4	CC	TX	78412
Anna Renee Cooper	\$	500.00	10/11/2022	3832 Denver Ave	CC	TX	78411
Kandie Fricke	\$	500.00	10/11/2022	2114 Tallow Drive	CC	TX	78374
Michelle Bauer	\$	500.00	10/11/2022	3330 Ocean Drive	CC	TX	78411
Airline Multifamily Partners LP	\$	1,000.00	10/11/2022	4611 Bee Cave Dr #108	Austin	TX	78746
Mirabal Montalvo & Associates	\$	2,000.00	10/11/2022	5702 S. Staples Street #E-1	CC	TX	78413
Christian Dickson	\$	1,000.00	10/11/2022	5920 Saratoga #510	CC	TX	78414
AEG Stylist LLC DBA Atelier Salon	\$	1,000.00	10/11/2022	5017 Saratoga #157	CC	TX	78413
Austin Anderson	\$	1,000.00	10/11/2022	1101 Ocean Dr	CC	TX	78404
Sarah Klager	\$	1,000.00	10/11/2022	5934 S Staples #206	CC	TX	78413
Lanpac	\$	500.00	10/11/2022	2925 Briarpark Dr #400	Houston	TX	77042
Katia Ramos McCabe	\$	300.00	10/11/2022	6018 Ocean Dr	CC	TX	78412
Dr. Alvaro Ramos	\$	200.00	10/11/2022	P O Box 6748	CC	TX	78466
CC Police Officers Association	\$	5,001.00	10/11/2022	3122 Leopard Street	CC	TX	78408
Sharon Trott	\$	250.00	10/11/2022	9802 Redbud Dr	CC	TX	78410
Paige Dinn	\$	200.00	10/11/2022	214 Ohio	CC	TX	78404
Jackie Michael	\$	250.00	10/11/2022	3117 Seafoam Dr	CC	TX	78418
Judith Hawley	\$	250.00	10/11/2022	419 E Bayview	Portland	TX	78374
Raymond Gignac	\$	250.00	10/11/2022	3260 Ocean Dr	CC	TX	78412
Jagdev Cheema	\$	500.00	10/11/2022	6893 Via Emma	Las Cruces	NM	88007
Susan Hutchinson	\$	500.00	10/11/2022	201 Indiana Ave	CC	TX	78404
Elizabeth Chu Richter	\$	500.00	10/11/2022	1386 Sandpiper	CC	TX	78412
Royston Moore Jr.	\$	500.00	10/11/2022	1601 Glenoak Dr	CC	TX	78418
Ann Engel	\$	500.00	10/11/2022	230 Amistad St	CC	TX	78404
John D Bell	\$	1,000.00	10/11/2022	13750 Primavera Dr	CC	TX	78418
Margo L Moore	\$	1,000.00	10/11/2022	1601 Glenoak Dr	CC	TX	78418
Royston Moore Jr.	\$	1,000.00	10/11/2022	1601 Glenoak Dr	CC	TX	78418
Eric J Cantu	\$	1,000.00	10/24/2022	P O Box 60871	CC	TX	78466
Al Jones	\$	1,000.00	10/11/2022	3420 Ocean Dr	CC	TX	78411
Gloria Hicks	\$	1,000.00	10/11/2022	5226 Greenbriar	CC	TX	78415
Michael Hummell	\$	1,000.00	10/11/2022	P O Box 6323	CC	TX	78466

Anne Dobson	\$	1,000.00	10/11/2022	3701 Denver Ave	CC	TX	78411
Pape-Dawson Engineers PAC	\$	1,500.00	10/11/2022	200 NW Loop 410	San Antonio	TX	78213
Linebarger Goggan Blair & Sampson	\$	1,500.00	10/11/2022	P O Box 17428	Austin	TX	78760
Justin Green	\$	1,000.00	10/11/2022	1242 Grand Canal Dr	CC	TX	78418
Lura Dietze	\$	500.00	10/11/2022	1202 Schell Drive	CC	TX	78418
Jordan Anderson	\$	250.00	10/11/2022	109 Amistad Dr	CC	TX	78404
Nancy Lyons Beauchamp	\$	100.00	10/11/2022	1901 Ocean Dr	CC	TX	78404
Karen Selim	\$	100.00	10/11/2022	7609 Bon Soir	CC	TX	78414
Elizabeth Susser	\$	100.00	10/11/2022	225 Wilshire Place	CC	TX	78411
Chris Adler	\$	500.00	10/11/2022	106 Rainbow Lane	CC	TX	78411
Alex Harris	\$	250.00	10/11/2022	2138 Hwy 286	CC	TX	78415
Ed Cantu	\$	150.00	10/11/2022	7122 S Staples Ste. C	CC	TX	78413
Fred Braselton	\$	1,000.00	10/13/2022	6910 Sir Palleas St	CC	TX	78413
Barton Braselton	\$	250.00	10/13/2022	5337 Yorktown #10D	CC	TX	78413
Dan Leyendecker	\$	500.00	10/13/2022	15222 Cane Harbor	CC	TX	78418
Dr Kingsley Okonkwo	\$	1,000.00	10/11/2022	6718 Old Square Dr	CC	TX	78414
Ronald Graban	\$	500.00	10/12/2022	410 Lang Road Ofc 65	Portland	TX	78374
Dr Maria C Martinez	\$	100.00	10/12/2022	4502 Marie St	CC	TX	78411
Ron Guzman	\$	300.00	10/12/2022	800 N. Shoreline #1600N	CC	TX	78401
Sunil Ahuja	\$	100.00	10/12/2022	4313 Lake Michigan Dr	CC	TX	78413
Mark Steen	\$	250.00	10/12/2022	4953 Cherry Hills Dr	CC	TX	78413
Ariel Garcia	\$	250.00	10/13/2022	4818 Woodridge	CC	TX	78413
Charles Zahn	\$	250.00	10/14/2022	P O Box 941	Port Aransas	TX	78373
Rakesh & Jyoti Patel	\$	501.00	10/15/2022	13773 Eaglesnest Bay Dr	CC	TX	78418
William Holmes Jr	\$	500.00	10/15/2022	14121 Jackfish Ave	CC	TX	78418
Anantkumar Bhakta	\$	500.00	10/16/2022	105 Baypoint	Portland	TX	78374
A. M. Jaime	\$	50.00	10/16/2022	106 Ocean Way St	CC	TX	78411
Suresh G Bilolikar	\$	50.00	10/16/2022	7417 Brentridge Dr	CC	TX	78413
Ben Donnell	\$	100.00	10/16/2022	205 Jackson Place	CC	TX	78411
Anju Ahuja	\$	500.00	10/17/2022	14 West Bar Le Doc Ave	CC	TX	78414
Mark Stockseth	\$	1,000.00	10/18/2022	P O Box 60410	CC	TX	78466

Pooja Bindingavele	\$	250.00	10/18/2022	309 Cape Cod Dr	CC	TX	78412
CC Professional Fire Fighters Assoc	\$	5,000.00	10/19/2022	6014 Ayers	CC	TX	78415
Suresh Bikkina	\$	100.00	10/19/2022	4009 Giants Dr	CC	TX	78414
Ann Mellish	\$	25.00	10/20/2022	16164 San Cayetano	Helotes	TX	78023
Robert Harrison	\$	200.00	10/23/2022	6261 Strasbourg	CC	TX	78414
Eddie Ortiz	\$	1,000.00	10/24/2022	3902 Priscilla Dr	CC	TX	78414
Esperanza Zendejas	\$	300.00	10/20/2022	120 N Cuates Camino	Los Fresnos	TX	78566
Anne Engel	\$	500.00	10/24/2022	230 Amistad St	CC	TX	78404
Walter Weathers	\$	2,000.00	10/24/2022	406 Menking Court	Houston	TX	77024
Elizabeth Vanexan	\$	100.00	10/25/2022	125 Southern St	CC	TX	78404
TREPAC/Texas Association of Realtors	\$	2,500.00	10/28/2022	P O Box 2246	Austin	TX	78768
Adrianna Ortiz	\$	1,000.00	10/25/2022	6306 Strasbourg Dr	CC	TX	78415
Robert Deleon	\$	1,500.00	10/26/2022	5210 Greenbriar Dr	CC	TX	78413
<b>Total to Date</b>	<b>\$</b>	<b>77,777.00</b>					



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>ITEMIZED</b>	
2 FILER NAME <p style="text-align: center;">PAULETTE GUAJARDO</p>		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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# PAULETTE GUAJARDO CAMPAIGN

## IN KIND - CONTRIBUTORS (SCHEDULE A2)

2022

LENDER	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
Nelda Martinez	\$ 1,385.25	9/30/2022	330 Cole St	CC	TX	78404
Karen Urban	\$ 2,100.00	10/2/2022	4110 Ocean Drive	CC	TX	78411
Gabi Canales	\$ 1,000.00	10/13/2022	5262 Staples	CC	TX	78411
Peggy Ahuja	\$ 2,000.00	10/16/2022	101 Oceanway	CC	TX	78411
MK Wallins	\$ 218.00	10/13/2022	15318 Cruiser	CC	TX	78418
<b>Total to Date</b>	<b>\$ 6,703.25</b>					

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>NONE</b>	
2 FILER NAME <b>PAULETTE GUAJARDO</b>		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
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

**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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule E: NONE</b>
<b>2 FILER NAME</b> <p style="text-align: center;">PAULETTE GUAJARDO</p>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED LOANS</b>		\$
<b>5 Date of loan</b>	<b>7 Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9 Loan Amount (\$)</b>
<b>6 Is lender a financial Institution?</b>  Y    N	<b>8 Lender address;</b> City;    State;    Zip Code	<b>10 Interest rate</b>
		<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b>		<b>13 Employer (See Instructions)</b>
<b>14 Description of Collateral</b>  <input type="checkbox"/> none		<b>15 Check if personal funds were deposited into political account (See Instructions)</b>  <input type="checkbox"/>
<b>16 GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>17 Name of guarantor</b>	<b>19 Amount Guaranteed (\$)</b>
	<b>18 Guarantor address;</b> City;    State;    Zip Code	
<b>20 Principal Occupation (See Instructions)</b>		<b>21 Employer (See Instructions)</b>
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial Institution?</b>  Y    N	<b>Lender address;</b> City;    State;    Zip Code	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b>  <input type="checkbox"/> none		<b>Check if personal funds were deposited into political account (See Instructions)</b>  <input type="checkbox"/>
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address;</b> City;    State;    Zip Code	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>PAULETTE GUAJARDO</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <b>ITEMIZED</b>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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**

# PAULETTE GUAJARDO CAMPAIGN

2022

## VENDOR EXPENSES (SCHEDULE F1)

EXPENSES	AMOUNT	DATE	CATEGORY/PURPOSE	ADDRESS
US Postal Service	\$ 120.00	10/3/2022	Campaign Expense - Postage	802 Tancahua, CCTX 78401
Lamar Advertising Company	\$ 5,000.00	10/1/2022	Campaign Expense -Billboard	133 NPID, CCTX 78406
Dreamers & Walkers	\$ 970.00	10/4/2022	Campaign Expense - Email Account	622 Bermuda, CCTX 78411
CC Police Officers Association	\$ 1,500.00	10/11/2022	Campaign Expense - Contribution	3122 Leopard Street, CCTX 78408
Home Depot	\$ 13.36	10/20/2022	Campaign Expense - Sign Stakes	5041 SPID, CCTX 78411
Election Support Services	\$ 7,977.24	10/24/2022	Campaign Expense - Email, Ads, Texts	2611 Rompel Pass, SATX 78232
Anedot	\$ 523.80	10/30/2022	Campaign Expense - Transaction Fee	1340 Pydras St, Ste 1770, New Orleans, LA 70112
American Bank	\$ 1.75	10/30/2022	Campaign Expense - Bank Paper Fee	P O Box 6469, CCTX 78466
<b>Total to Date</b>	<b>\$ 16,106.15</b>			

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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	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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME <b>PAULETTE GUAJARDO</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ -0-</b>
--	---------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> 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
------	------------

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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

<b>The Instruction Guide explains how to complete this form.</b>	<b>1</b> Total pages Schedule F3: <b>NONE</b>
<b>2</b> FILER NAME <b>PAULETTE GUAJARDO</b>	<b>3</b> Filer ID (Ethics Commission Filers)

<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased
	<b>6</b> Address of person from whom investment is purchased; City; State; Zip Code
	<b>7</b> Description of investment
	<b>8</b> 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

### 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.

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

### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME  PAULETTE GUAJARDO		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name  NONE		
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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

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

# SCHEDULE H

### 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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME <b>PAULETTE GUAJARDO</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name <b>NONE</b>
---------------	---------------------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> 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
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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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
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	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**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME <p style="text-align: center;">PAULETTE GUAJARDO</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <p style="text-align: center;">NONE</p>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>NONE</b>
2 FILER NAME <b>PAULETTE GUAJARDO</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received  ..... 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
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  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
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  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
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  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> 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		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> 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		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> 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		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> 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		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> 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